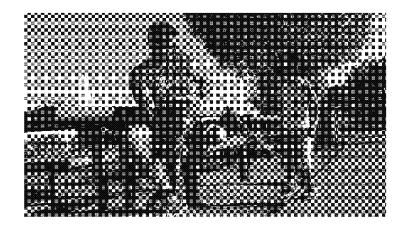


Exploring Perspectives Around Unmet Needs in Chronic Pain Care and Discussing the Future of Pain Management

FRIDAY, SEPTEMBER 5, 2014 8:10 A.M. TO 9:10 A.M. BREAKFAST WILL BE SERVED

The screening will be followed by a panel discussion with individuals featured in the film.



Supporting Partners of "Pain Matters":



















SPEAKERS

PAUL J. CHRISTO, MD, MBA

Assistant Professor, Anesthesiology and Critical Care, Johns Hopkins University School of Medicine; Host, Aches and Gains™, Sirius XM Radio

PENNEY COWAN

Founder and Executive Director, American Chronic Pain Association

DEREK MCGINNIS

U.S. Navy veteran who sustained debilitating injuries while in Iraq; from Discovery Bay, Calif.

MELANIE ROSENBLATT, MD

Medical Director of Pain Management, North Broward Medical Center, Boca Raton, Fla.

BOB TWILLMAN, PhD, FAPM

Director of Policy and Advocacy, American Academy of Pain Management

All of the speakers serve as paid consultants by Teva Pharmaceuticals for their participation in the panel discussion.

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PLAINTIFFS TRIAL EXHIBIT 27987

From:

Matthew Day </O=TEVA/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MDAY>

To: Sent: Abbas Ebrahim, MD

Sent:

1/8/2015 1:55:20 PM

Subject:

PAIN-40128_PM ERSG Video Script_TO CLIENT_01 07 15.docx

Attachments: PAIN-40128_PM ERSG Video Script_TO CLIENT_01 07 15.docx

Hi Abbas,

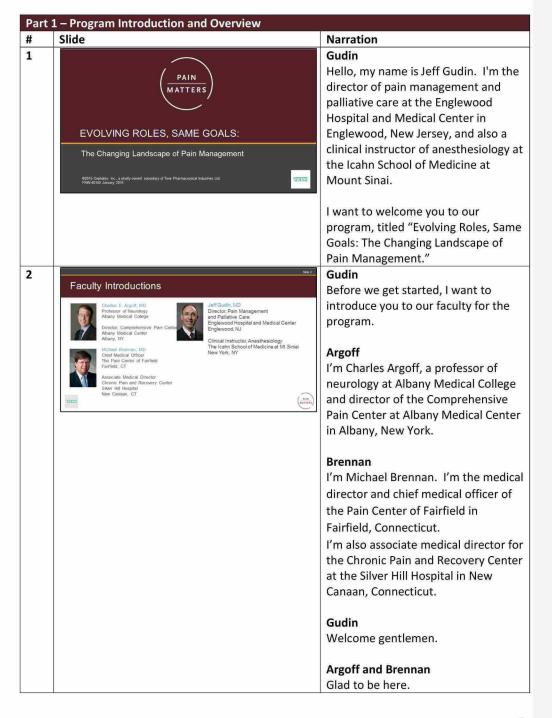
Attached is an example of how we need to rewrite the document prior to PARC submission.

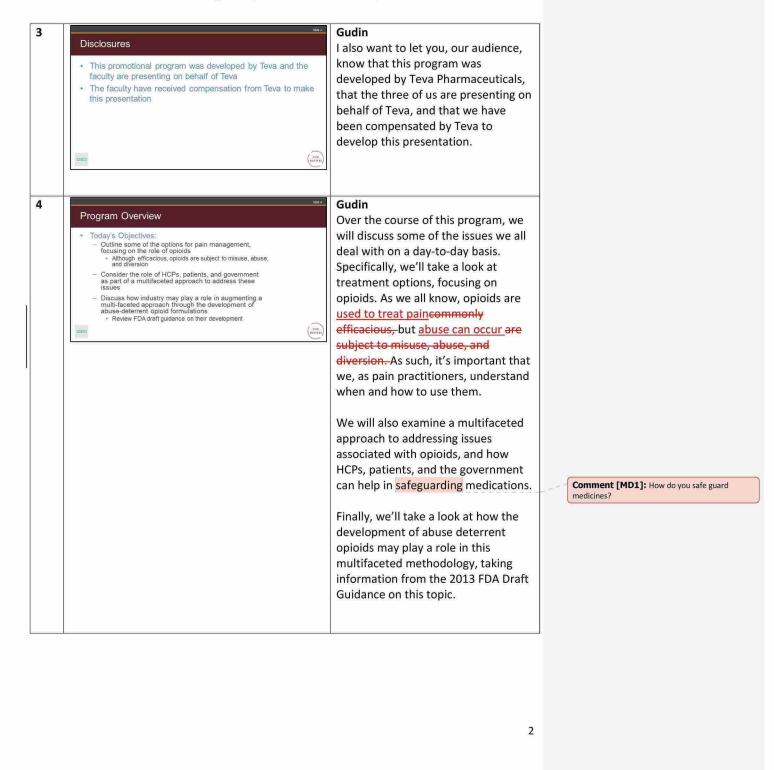
Can you work on this in the morning and we can touch base at lunch.

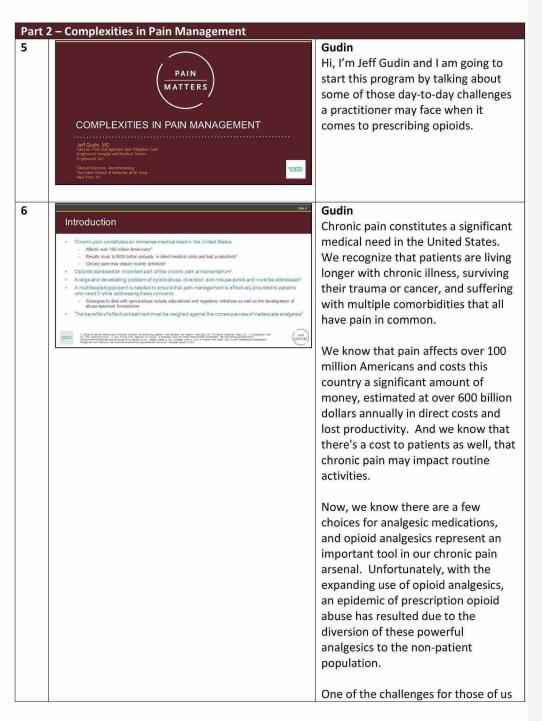
I now have a forecast meeting at 9am.

Sorry for the inconvenience,

Matt



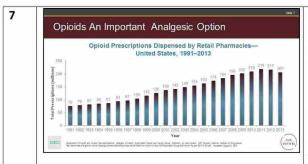




who treat pain patients has been how to utilize these important analgesics safely and effectively. And what we've recognized is that there's no simple solution. A multifaceted approach is needed to make sure that pain management is adequately provided to patients who need it, while we also deal with issues such as abuse, misuse, and diversion of these substances.

We've developed strategies to deal with opioid abuse, most notably focused around educating the many parties involved. The pharmaceutical industry has also stepped up and is trying to play a role in preventing the misuse and abuse of prescription analgesic medications.

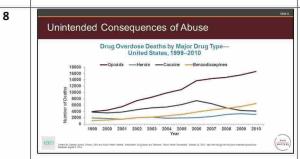
One way that they've done this is through the development of abuse deterrent formulations. And any time we treat patients, always in the back of our heads as clinicians is, we have to balance our treatments. So we have to provide patients with adequate analgesia, but minimize the adverse events associated with those medications, and not just physiological adverse effects, but also the adverse effects of opioid abuse, misuse, and/or diversion.



Gudin

I mentioned before that opioids are certainly an important analgesic option in the chronic pain management world. This has been recognized over time. And if you look at this chart, starting in the early 1990s, taking us up to 2013, you could see that there has been a slow, vet progressive increase in the amount of opioids dispensed by retail pharmacies in the United States. Again, this has to do with our improved abilities to assess pain and our willingness to treat chronic pain with a treatment regimen that includes opioids.

Unfortunately, the greater volume of opioid analgesics has also resulted in issues related to misuse or diversion of these important analgesics.



Gudin

Beyond increased misuse and diversion, there has also been an increase in deaths due to drug overdose. As you can see in this chart, prescription opioids outrank both heroin and cocaine combined as a cause of death here in the United States.

Looking at the slope of these curves, you see that drug overdose deaths due to prescription opioid use has outpaced heroin and cocaine, highlighting the need to develop strategies to prevent prescription opioid misuse and abuse.

It's important for clinicians to recognize that the majority of these deaths are unintended. These are not suicide attempts. These are

What is the Scope of Intended Abuse/Addiction?

Data derived from an evidence-based review of chronic pain patients, with normalignant pain receiving chronic opioid anelgesic therapy

of staudies that evaluated

- Abuse addiction rate
(24 studes, no 2907)

- Aberrating up retated behaviors (ADRBs)
(17 studes, no 1908)

- Universe is reads
(5 studes, no 1908)

- 25X (Nover rate of abuse/addiction in patients without a prior history
(0.18% vs. 5.0%)

- 19% vs. 5.0%

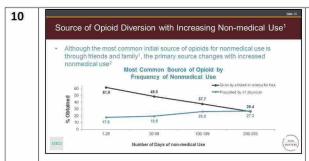
people who escalate their doses of opioids, usually combined with alcohol or other central nervous system depressants, and unintentionally die because opioids contributed to their respiratory depression.

Gudin

David Fishbain, a renowned academic pain psychiatrist from the University of Miami, conducted an evidence-based review of the chronic pain literature, focused on patients with non-cancer and non-malignant pain who were receiving chronic opioid analgesic therapy. He looked at 67 different studies that evaluated the abuse or addiction rate, aberrant drug-related behaviors, and urine toxicology testing.

And what he found is that only 3.27 percent of patients being treated with chronic opioid therapy had a high likelihood of abuse or addiction with their opioid analgesics. Most notably, he found a 25 times lower rate of abuse or addiction in patients who didn't have a prior history of abuse or addiction.

This is an important data set for us to recognize that the risk is clearly greater in patients with a previous history of abuse or addiction and that it's relatively low for patients with chronic non-malignant pain who don't have a previous history of addiction.



Gudin

Here we see data from the Substance Abuse and Mental Health Services Administration, or SAMHSA.

We all know that the most common initial source of opioids for nonmedical use comes from a friend or family member for free, but as the frequency of non-medical use increases, the opioid becomes more likely to come from a clinician, highlighting the need for us to educate and empower our patients to use their medication appropriately.

This brings us to the end of our discussion on some of the complexities clinicians face in pain management, and I hope you found this chapter informative.

Please return to the main menu and select the next chapter to hear Dr. Argoff tell you more about the role that clinicians and others can play in addressing opioid abuse.



Argoff

I'm Charles Argoff, a professor of neurology at Albany Medical College and director of the Comprehensive Pain Center at Albany Medical Center in Albany, New York.

In the previous chapter, you heard Dr. Jeff Gudin discuss some of the challenges we face with balancing the need for effective pain management with some of the dangers of prescription opioid use. To continue this conversation, I'll focus on how we can address opioid abuse with a multifaceted approach.

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Argoff

There are many approaches to mitigate opioid abuse, and I would like to divide them into three main buckets.

First, it's education that ensures clinicians understand how to prescribe, screen, monitor, and manage patients appropriately with opioid therapy. This should be combined with patient education on adherence to a treatment program, as well as appropriate storage and disposal of opioids.

Second is the availability and use of tools that can help us guide the approach to managing a person on opioid therapy. For example, prescription drug monitoring programs, which have been developed in almost every state, help us as clinicians see what controlled substances our patients are currently being prescribed. We have also had scheduling changes

regarding opioid therapy. We have risk evaluation and mitigation strategies or REMS programs to help us guard against opioid abuse, changes to opioid labeling, and abuse deterrent draft guidance from the FDA.

The FDA draft guidance outlines how abuse deterrent properties can be tested and what claims the FDA might allow in the product's package insert based on favorable study results.

Stakeholders Addressing Opioid Abuse

A collaborative approach is necessary

Argoff

WATTERS

It's important to recognize that there are multiple stakeholders who are involved in addressing opioid abuse and it is necessary for there to be a collaborative approach among these groups.

These groups include healthcare professionals who are currently involved in managing patient care, the patients themselves, State and Federal government entities, as well as industry. To ensure safe and effective pain management, we need a multifaceted approach between all parties to recognize and mitigate the risks associated with opioid use.

HCP Approaches to Mitigate Opioid Abuse

How often are these done in "low-risk" patients?

Universal Precautions

- Establishing diagnosis
- Treatment agreement
- Review of diagnosis
- Review of diagnosis
- Documentation

- Precording of diagnosis
- Precording of diagnosis
- Review of diagnosis
- Documentation

- Precording of diagnosis
- Precording of d

Argoff

Healthcare providers can play a role by following universal precautions, incorporating screening strategies, and monitoring patient adherence to prescription opioids.

Some of the elements of universal precautions are outlined here, and include establishing a diagnosis, incorporating the use of a treatment agreement, periodic pain assessments, reviewing the diagnosis,

ì

and of course, ensuring appropriate documentation.

Establishing the diagnosis is important to understand the medical reason for opioid therapy in the patient.

Treatment agreements between the prescriber and the patient are also part of universal precautions and ensure both parties understand and agree to how pain will be managed.

Assessing the pain itself, not only the character of the pain but the intensity of the pain, the impact that that pain has on that person's life, vocation, recreational activities, and so on is also part of this process.

Reviewing diagnoses as we take care of patients over a period of time is also warranted, particularly when other treatments and diagnoses change.

Documenting all of these is critical as well to ensure all clinicians involved in patient care understand why and how treatment decisions have been made with regard to opioid therapy in this individual.

In terms of screening, there are various instruments that we could use as healthcare providers to identify risk of opioid abuse in our patients, and some of them are listed here.

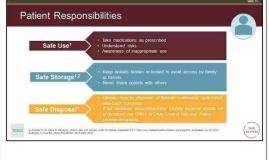
We also have adherence monitoring approaches. State-specific prescription drug monitoring

programs provide us with some insight into the use of opioids by a particular patient, but may vary widely between states.

Random drug screens are important. Random urine drug screens may be a way of confirming or evaluating adherence for the people to whom we prescribe medications, as is pill counting to see whether it appears that the person who we're prescribing the medication to is actually using it in a way that we have prescribed it and is adhering to that regimen.

Keep in mind, even though we might consider any of our patients to be low risk for opioid abuse, no patient has zero risk of it. As healthcare providers, we are the front line against opioid abuse, and as such, we need to use multiple methods to support safe and effective use of the treatments we prescribe.

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Argoff

The patient has responsibilities as well, which we can help through patient education. For example, we can help the patient understand how to safely use, store, and dispose of opioids.

From a safe use point of view, we can encourage our patients to take their medications as prescribed, to understand the risks associated with chronic opioid therapy, and to be aware of inappropriate use and its consequences.

From a safe storage point of view, we don't want a person's opioid therapy

to be in the hands of their child or an animal or a family member who shouldn't be using it or a friend who is visiting because that could be dangerous. Just a single dose can be very dangerous to someone who is not supposed to be using an opioid analgesic.

So opioids should be locked or hidden to avoid access by family or friends and of course our patients need to know never to share their opioids with others because again, a single dose can be regrettably but realistically catastrophic with respect to adverse outcomes, including death.

Safe disposal is also very important. There are increasing numbers of community-sponsored take-back programs so opioids in a particular community may be disposed of through this approach and if that's not available, the Office of Drug Control national policy recommendations have been established and can be accessed to allow for an environmentally friendly disposal approach to these medications, which often involves taking the medication and disposing of it with coffee grounds or cat litter.

16 Wh



Argoff

So what exactly is a prescription drug monitoring program? By definition it is a statewide electronic database and it is designed to collect data on substances dispensed in that particular state. It is housed within a designated state agency, so it could be a regulatory, administrative or law enforcement agency; this may vary

from state to state and it's accessible only by authorized personnel.

For example, in New York state, for me to access our database I need to have a special identification number and password and I have to file an application to become an authorized user of the PDMP.

What are the benefits? Well, this is a program that allows us to see what controlled substances a specific patient may be receiving in that state and in that way it helps to support legitimate access to controlled substances.

PDMPs may also be able to help identify and deter drug abuse and diversion. They may be able to facilitate identification and treatment of those addicted to prescription drugs by detecting certain patterns, which can be very helpful in cases where addiction is not obvious.

They also allow you to establish that you will be monitoring every patient's opioid use patterns.

They may provide use and abuse data to support public health efforts in a more global way and it certainly helps to educate all of us, especially our patients, on how to effectively use medications and how we can all play a role in limiting abuse and hopefully reduce diversion.



Argoff

As you can see, Missouri is the only state currently without an enacted prescription drug monitoring program and most other states have an operational prescription drug monitoring program.

PDMPs vary state by state, but in general they all are constructed to help clinicians understand how patients use prescription opioids, which may then impact our prescribing behavior. This can be used to help reduce doctor shopping and to promote higher levels of safety.

It's also fair to say that the full benefit of prescription drug monitoring programs will not be reached until all states implement data sharing and interoperability between each other to ensure transparency of opioid use across state lines.



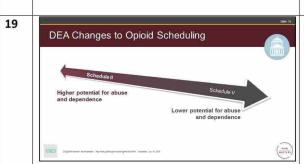


Argoff

Those of you with patients on Medicaid are aware of its lock-in program, which provides some ideas on how to limit abuse as well.

Federal law allows Medicaid to restrict patients who overutilize Medicaid services to designated providers. It does so by requiring a patient to be seen by one HCP and obtain their prescriptions from a single pharmacy.

The purpose of this is to empower a single provider to coordinate care, to reduce doctor and pharmacy shopping, to limit drug diversion, and to reduce healthcare utilization and



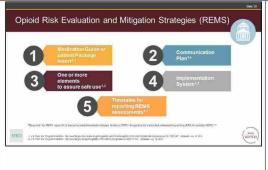
pharmacy cost. Now this might be adopted by other governmental payers beyond Medicaid and even by private insurers as well to accomplish the same purposes.

Argoff

As we alluded to earlier, opioid scheduling can also help address prescription opioid abuse. As you know, the lower the number, the higher the potential for abuse and dependence.

Hydrocodone products were rescheduled from Schedule 3 to Schedule 2 in late 2014, which makes the process of obtaining a prescription and refills somewhat more difficult.

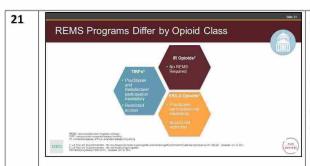
20



Argoff

The US Food and Drug Administration has also established a series of steps designed to help reduce opioidrelated risks, and these are known collectively as opioid risk evaluation and mitigation strategies, or REMS.

They include the establishment of a medication guide or patient package inserts, a communication plan, one or more elements to assure safe use, an implementation system and a timetable for reporting the REMS assessments to see if these strategies have been effective or not.



Argoff

REMS programs differ by opioid class. For example, immediate-release opioids do not require a risk evaluation and mitigation strategy program per FDA guidelines. The transmucosal immediate-release fentanyl products or TIRF do involve a REMS program and practitioner and manufacturer participation is mandatory, with access restricted to prescribers who have completed certain educational activities and have scored successfully on an examination.

In other words, not everyone with a DEA number can prescribe this medication. There has to be an additional set of educational activity before that can happen.

With extended-release and longacting opioid therapy, participation in the REMS program is not mandatory for the practitioner and access is not restricted to prescribers who have fulfilled certain criteria.



Argoff

The federal government, through the FDA, can also change what's in the package insert of a product. Here, you see some recent changes in the package inserts of extended-release opioids.

As you can see, the indication itself for extended-release and long-acting opioids has changed in two ways.

The first change specifies that extended release or long-acting

opioids are indicated for management of pain severe enough to require daily around the clock, long-term opioid treatment and for which alternative treatments are inadequate.

The second change states that these agents should be reserved for use in patients for whom alternative treatment options (for example, nonopioid analgesics or immediaterelease opioids) are ineffective, not tolerated or are otherwise inadequate to provide sufficient management of pain.

There are also post-marketing studies the FDA now requires. The FDA specifically is requiring new studies to further assess the known serious risks of misuse, abuse, and increased sensitivity to pain (sometimes known as hyperalgesia), addiction, overdose, and death.

Finally, there is also a new boxed warning that states "chronic maternal use of these products during pregnancy can result in neonatal opioid withdrawal syndrome or NOWS."

23

A Multi-Faceted Approach to Addressing Opioid Abuse Key stakeholders in addressing opioid abuse include HCPs, patients, and government HOP strategies for mitigating opioid abuse include universal precautions, screening for trug abuse and abuse risk, urine testing, and adherence monitoring atients should be educated on the methods and importance of safe use, safe storage, The federal and state governments have developed and are developing programs aimed at making opioid diversion and abuse more difficult and less likely, including: - PDMPs

Argoff

To summarize, we need to really consider a multifaceted approach to addressing opioid abuse. The key stakeholders in this multifaceted approach include healthcare providers, patients, and government. As we discussed, healthcare provider strategies for mitigating opioid abuse include universal precautions, screening for drug abuse and abuse risk, urine testing, and adherence

monitoring.

Patients should also be educated, specifically on the methods and importance of safe use, safe storage, and safe disposal of opioids.

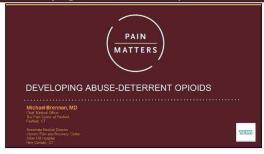
The Federal and State government have developed and continue to develop programs aimed at making opioid diversion and abuse more difficult and less likely including the use of prescription drug monitoring programs, the risk evaluation and mitigation strategy programs or REMS, and labeling changes.

I hope you enjoyed this chapter of the program and better understand the role that HCPs, patients, and the government play in a multifaceted abuse mitigation strategy.

I also want to suggest that industry may play a role in helping mitigate opioid abuse. To tell you a little more about this and the potential role of abuse deterrent opioids, please watch the final chapter in this series presented by Dr. Michael Brennan.

Part 4 - Developing Abuse-Deterrent Opioids

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Brennan

I'm Michael Brennan and I'm the medical director and chief medical officer of the Pain Center of Fairfield in Fairfield, Connecticut.

I'm also associate medical director for the Chronic Pain and Recovery Center at the Silver Hill Hospital in New Canaan, Connecticut.

Over the previous chapters in this program, you heard about some of the issues associated with opioid use and how HCPs, patients, and the government can help reduce risks associated with opioid therapy.

Now, I'm going to tell you about the potential role that the pharmaceutical industry might play in mitigating opioid abuse, specifically through the development of abusedeterrent opioids.

25



Brennan

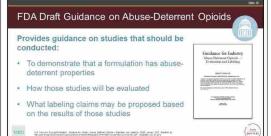
You'll see that there are 5 general approaches that have been recognized by the FDA as categories of abuse deterrent opioids. These include physical/chemical barriers, antagonist combinations, aversion substances added to the analgesic, delivery system characteristics, and finally, pro-drugs.

Each one of these will be discussed in detail a little further on with how the FDA will be testing the abuse deterrent qualities, but keep in mind that all of these products, no matter how they're made, have to have a key

component, which is: when the drug is not altered or when the delivery system is not altered, the medicine works as well for pain with comparable side effects to a drug that does not have abuse deterrent characteristics.

So that's the technical issue, right? Creating a drug that will work for pain, but at the same time making it difficult for somebody to want to abuse that drug or make abusing the drug less beneficial.

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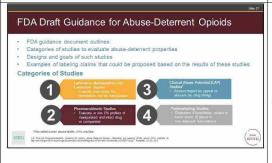


Brennan

So where does the industry get their ideas on how to do this? There was a guiding principle document known as the Draft Guidance on Abuse Deterrent Opioids that was published by the FDA in 2013.

Anyone who is interested in getting the background on abuse deterrents should review this so they could see the hard work that's gone into it both from the pharmaceutical industry, as well as government oversight agencies.

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Brennan

There are several study types that companies will need to subject their products to in order to enable the company to make claims in the package insert. And for those of us who see pharmaceutical reps or go to programs, we know how important this will be for getting the message across to clinicians about abuse deterrents.

So there are four general types of studies that need to be done to get the ultimate label of a true abuse

deterrent opioid. Now, typically we think that in a sequential series, one, two, three and four, things would follow each other, but it's very important to notice as we look through these studies that they don't necessarily build upon each other.

And as we go into the types of abuse deterrent technologies, it'll become clear that certain technologies may meet one type of study and prove beneficial, but not necessarily a different type.

The first kind of studies are the laboratory manipulation and extraction studies. These determine if tampering with the drug can override the formulation and provide access to the unadulterated opioid.

The next are the pharmacokinetic studies. These look at how the normal drug works when it's been taken by the individual, whether the capsule or the aversion or the antagonist that's been added has any direct effect on the intended pharmacokinetic effect of the drug, and after the drug has been manipulated in the lab, if there is any alteration in the pharmacokinetics.

For example, if there is an increased availability of the drug or if there is a shortening to peak plasma concentration.

These studies are key because for many of us, pharmacokinetics are linked with the pharmacodynamic effect of the drug.

The third type of test is the clinical abuse potential study. These are studies that look to see how the drug in its unaltered and altered state is viewed by recreational drug users.

Finally, and perhaps the greatest hurdle, will be the post-marketing studies. Has there been a demonstrable reduction in abuse based upon the availability of a certain drug in the market? As you can imagine, it's going to take several years to determine if there's been a positive effect.

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Brennan

Now, there are four tiers of label claims that can be achieved and put into the package insert.

The first is that the medication has been formulated with a physiochemical barrier to abuse.

Another claim is that the drug is expected to reduce or block the effect of the opioid when the product is manipulated.

The third is that the medication is expected to result in a meaningful reduction in abuse and finally, the fourth tier that everyone will be trying to achieve, is that the formulation has been shown to reduce abuse of the opioid molecule in the community.

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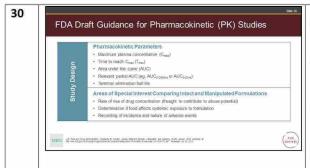
Brennan

Let's look carefully at the manipulation studies that have been put forth by the FDA. The goal of this type of study is to see, through physical or chemical manipulation, if a drug can be easily extracted from the formulation.

So the goal is to look at particle size and determine if a small enough particle of active drug can be extracted through various methods (including crushing, grinding, hammering, chemical reactions, and changing temperature). In other words, think of whatever a closet chemist might try to do to get that active drug out of the delivery system.

Let me emphasize this again. Remember, the molecules we're using are the same 13 or so molecules that are available in the United States that are deemed opioid analgesics. So it's not the molecule really. What we're looking at are the formulations carrying those molecules. Can those formulations protect and make it so the drug is less likely to be used in ways other than intended?

And the studies also include, as I mentioned, solubility studies and we're trying to target three specific means of abuse: snorting, smoking, and injecting. Why are these three the types mentioned by the FDA? Because these are the approaches that more often linked to substance abuse and addiction.



Brennan

The second types of studies that I mentioned earlier are the PK studies. So for those of you who can remember back to medical school, pharmacokinetics look at how a drug acts in the system by looking at plasma concentration.

So we're interested at looking at maximum plasma concentration, the time to reach this maximum, the total area under the curve, a relevant partial area under the curve, which we think is very important in substance abuse that is, how quickly does the drug get absorbed and how much is absorbed in 30 minutes and up to 2 hours, and then what's the terminal elimination half-life?

What's very important in these trials is to try and understand if manipulation of the drug has an effect on the rate of rise of drug concentration. We want to determine if other substances, benign substances (food, alcohol, water, other common solutions, such as soda) might affect the way the drug is ultimately absorbed and what effect they might have, and also record the incidence of adverse events.

FDA Draft Guidance for CAP* Studies

Measurements of Interest

- Drug liking (se, How much did you like the drug?")

- Drug liking (se, How much did you like the drug?")

- Scood effects (eg, suphoria)

- Good effects (eg, suphoria)

- Likelihood to use drug again (eg. 'How likely are you to use this drug again?")

- Bipolar Scale

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- Chicar disas private like referrefit as harder looke group of the likely disaster.

- WAS Score

- TIEL

- TIE

Brennan

Let's take a look at what are known in the draft guidance as CAP, or Clinical Abuse Potential, studies. These are what we used to refer to as the Human Abuse Liability potential of a drug, measured in a way that many clinicians find interesting.

It's basically exposing recreational non-dependent individuals to the

opioid formulation. So people who aren't physically dependent on an opioid, but will use them recreationally and have enough experience to understand what the normal high of an opioid would feel

And what the subjects are asked to do is tell us how much they like the drug. So they're given a visual analog scale, sometimes it's a 0 to a 100 or it's a strong dislike to a strong liking similar to this bipolar scale on the slide where the individual is asked after being exposed to the drug how much they like it or dislike it.

And they're asked questions, questions that you and I won't ask in our clinics, like how high are you, what's the euphoria like? I mean, we may ask our patients about adverse events, but here we're trying to tease out different information from these recreational drug abusers and then the all-important question, how likely are you to abuse this drug if you can get it?

32 FDA Draft Guidance for Postmarketing Studies

Brennan

The FDA also notes that pharmaceutical manufacturers can conduct post-marketing studies in order to examine if a formulation is likely to decrease abuse in the community.

The goals are to try and provide estimates of how the drug is being abused, whether it's being snorted or injected, and has this formulation demonstrated a reduction in abuse.

These studies require sufficient

numbers to determine whether or not there is a real or an artificial effect, and as such, study populations are going to have to be carefully selected to target real-world abusers.

Comparators will also be looked at to see if changes are due to the formulation or other factors, like public service announcements and education of consumers and clinicians. There will also likely be other opioid comparators as part of these studies.

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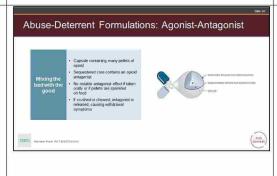


Brennan

Now that we've reviewed the studies that may be conducted to test an abuse-deterrent opioid formulation, let's switch gears and look at some of the different approaches.

Perhaps the most common form of abuse deterrent is the crush-resistant pills and capsules. All of these have in common a process that makes it either very difficult to crush the pill, or as we see in the bottom right picture on this slide, a pill that if crushed becomes a viscous or gelatinous substance that's very difficult, if not impossible, to draw up in a syringe or to snort.

34



Brennan

Here we see a different approach, which is the use of agonist/antagonist combinations.

For example, in a medication with a sequestered opioid antagonist core, the antagonist will only be released if the formulation is manipulated. If the product is tampered with, however, the sequestered antagonist is released, countering the effects of

the opioid.

Regardless, we still have to ask, are either of these approaches going to prevent abuse entirely? Only time will tell following the widespread use of abuse-deterrent medications.

The Continuing Evolution of Abuse-Deterrent Opioids

Numerous approaches to deter abuse have been, and are being, developed to decrease the likelihood of opioid misuse, abuse, and diversion

39

- The FDA has provided industry with draft guidance for the development and testing of new abuse-deterrent formulations
- The draft guidance also includes levels of claims manufacturers may propose in labeling to describe the potential abuse-deterrent properties of a product based on study results

Brennan

In summary, different approaches to opioid deterrence continue to evolve. As I mentioned earlier, there are aversive technologies, there are prodrugs that may become available. This is a very exciting science and a very exciting time to offer our patients drugs that may make the abuse of their drugs more difficult, and may help potentially reduce some of the stigma of taking pain medicines.

It will take time to work through the testing, especially the epidemiological testing, but as these studies are completed and reviewed by the FDA, abuse-deterrent opioids will be able to include language in their package inserts to let clinicians know what effect the formulation is likely to have on abuse and abuse potential, which will ultimately help us make better informed decisions for our patients.

Thank you for watching this chapter on the development of abuse-deterrent opioids. If you haven't already, please be sure to return to the main menu to watch the other chapters, including Jeff Gudin talking about the complexities we face in pain management, and Charles Argoff discussing a Multi-Faceted Approach to Address Prescription Opoid Abuse.

PAIN-40128 Pain Matters: Evolving Roles, Same Goals Video Script On behalf of all 3 faculty and Teva Pharmaceuticals, we hope you enjoyed the program and thank you for your time.





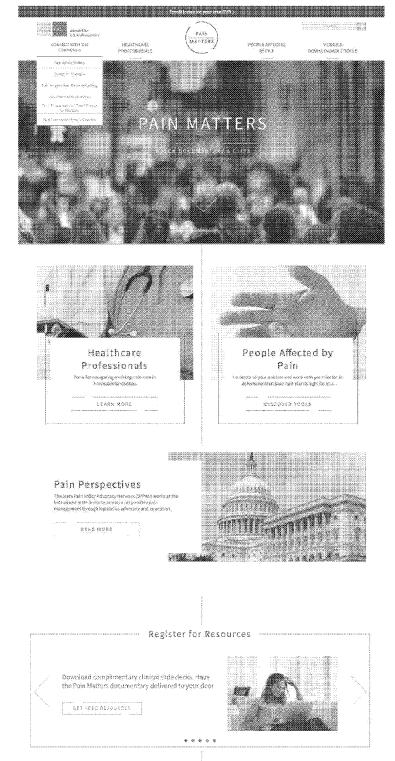
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Page URL	www.painmatters.com
Page Title Tag (Limited to 65 Characters)	Pain Matters Information & Resources for Chronic Pain
Page Description (Limited to 150 characters including spaces)	Pain Matters is a comprehensive resource dedicated to providing information and support for the management of chronic pain and opioid abuse deterrence
Page Key Words	Pain, chronic pain, support, management, opioid abuse



"Chronic pain continues to be a serious issue for millions of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals.¹⁷²





^{**}Chronic pain continues to be a serious issue for millians of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals.¹⁷⁴

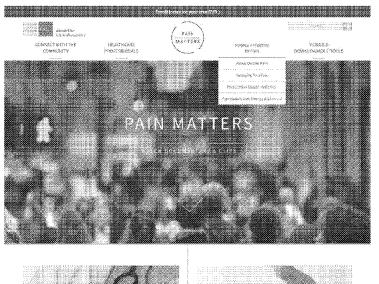




"Chronic pain continues to be a serious issue for millians of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals.¹⁹⁶

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"Chronic pain continues to be a serious issue for millians of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals.¹⁷⁴

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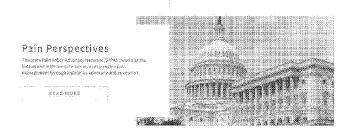


*Chronic pain continues to be a serious issue for millions of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals.120

-- Anniael Hayden, MD, Philadential Global Red and Chief Scientific Critics at Tesa Transactive Left







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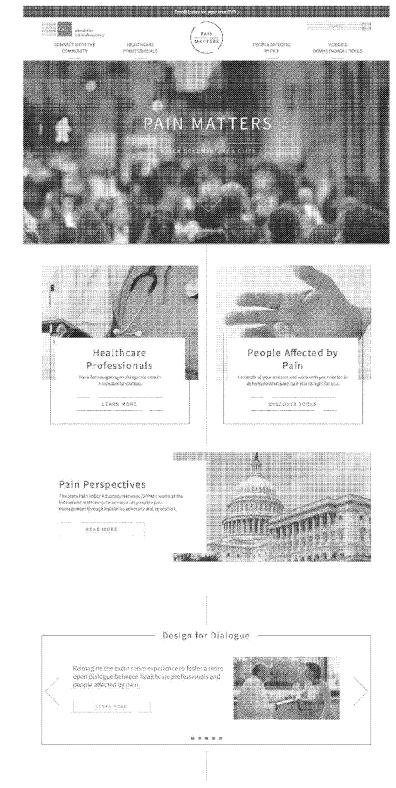


"Chronic pain continues to be a serious issue for millions of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals.¹⁷¹

--- philoset Mayden, 18th, Phil. Philospential Global India and Chief Scientific Cifficial at Teva (Hamildow) India

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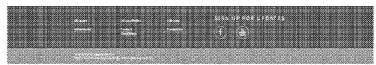


"Chronic pain continues to be a serious issue for millions of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals.¹⁷¹

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"Chronic pain continues to be a serious issue for millions of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals.¹⁷²

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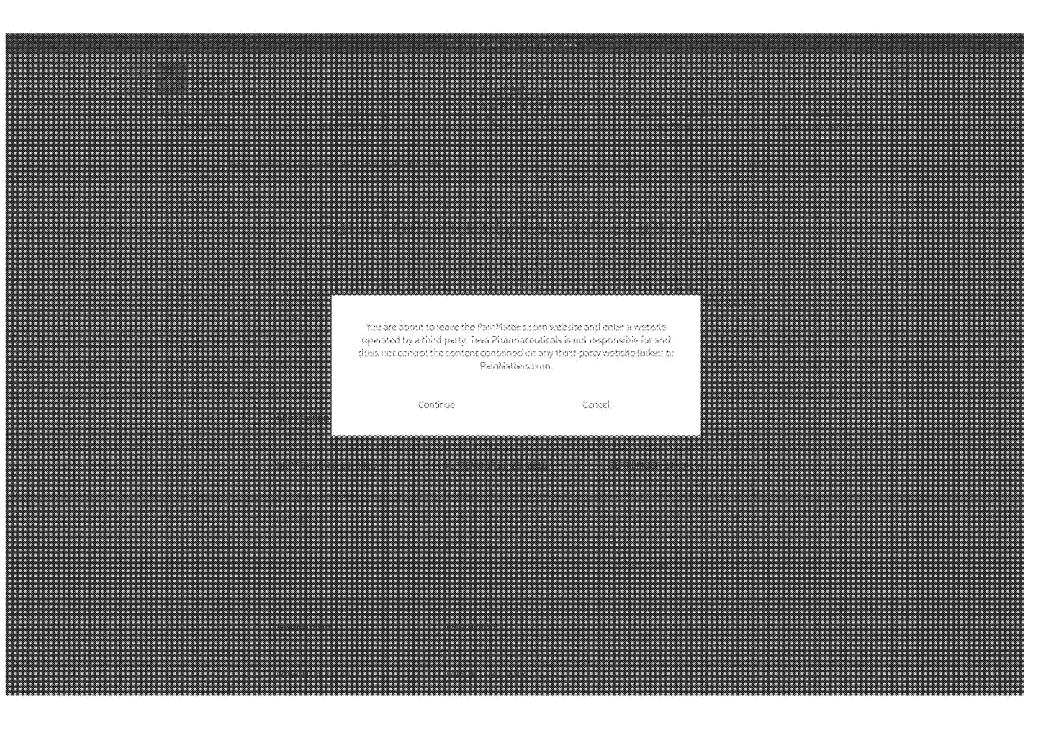


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Pain Matters is a comprehensive resource dedicated to providing information and support for chronic pain management and opioid abuse determines.

Pain Matters | Pain Matters Cocumentary

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The Pain Matters documentary, produced by the Discovery Channel, chronicles the lives of people and families affected by chronic pain, and provides insights ...

Pain Matters | About Pain Matters amire variers com/statut-calm-matters/



Wiston a prominent pain-care physician highlight the key features of PainMatters, com-—a comprehensive resource dedicated to providing information and

About Chronic Pain : Pain Matters

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S a figure Understand the differences between acute and olympic pain.

Community Resources for People Affected by Chronic Pain | Pain ...



Find chronic pain management resources to help you get the information you need to reduce the risk of prescription abuse and misuses.

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Managing Your Chronic Pain | Pain Matters

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Creating a chronic pain care plan includes understanding your pain history and Creating a chronic pain care plan includes understanding your pain history and working with your doctor and treatment team to develop the right treatment plan ...

Prescription Coloid Medicines | Pala Matters

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Prescription Opicid medicines may be an appropriate treatment for people living with chronic pain. but everyone should understand the risks for abuse and ...

A Muitidisciplinary Approach to Managing Chronic Pain (Pain Matters palarantura cerel. Irreltifiazialinari-acceptanti-to-managing-chericle-pala, anni



Approaches to chronic pain management include physical therapy, spinor manipulation, cognitive behavioral therapy, acupuncture, and prescription pain...

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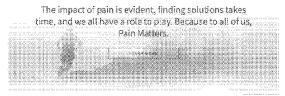


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Page URL	www.painmatters.com/community-engagement
Page Title Tag (Limited to 65 Characters)	Pain Matters Welcome To The Community
Page Description (Limited to 150 characters including spaces)	Pain Matters provides a community for healthcare providers, industry thought-leaders and people affected by chronic pain.
Page Key Words	Pain, chronic pain, community, healthcare providers, industry leaders



Learn About Pain Matters



Share your ideas with Pain Matters



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Page URL	www.painmatters.com/community-
	engagement/about-pain-matters
Page Title Tag (Limited to 65 Characters)	Pain Matters About Pain Matters
Page Description (Limited to 150 characters	Learn about PainMatters.com—a comprehensive
including spaces)	resource dedicated to providing information for
•	the responsible management of chronic pain
Page Key Words	Pain, chronic pain, support, management, opioid
	abuse



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About Pain Matters

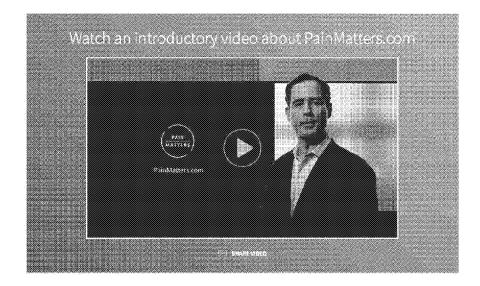
Pain Matters was developed by Teva Pharmaceuticals to offer practical information and resources for healthcare professionals and people affected by chronic pain as they navigate the evolving and complex pain care landscape. Bain Parapastines provides regular insights from people and families affected by pain, healthcare professionals, and community advocates on a variety of pain topics. The Pains biggins of extra facultines decumentary produced by the Discovery Channel, brings to light the impact of chronic pain on those who live with it and those who treat it. The website includes tailored content for healthcare professionals treating pain and people who are affected by pain.

Information for Healthcare Professionals in pain care:

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- Information on printiples and miseral
- Epszencent programa artí sydities
- Emerging phices determine techniclegies
- Proctical tools to support your patients and your practical
- Links to advace y and professional organizations

Support for people and families affected by chronic pain;

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- Education around prestatipition application of distant
- instructions for appresentable user, storings, and disposes of prescription opioids
- Downloadable tools such as "Questileas to ask your decipe"
- Support to help you cannest its the larger point community





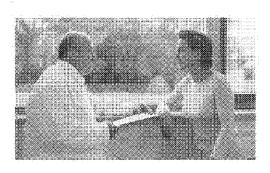




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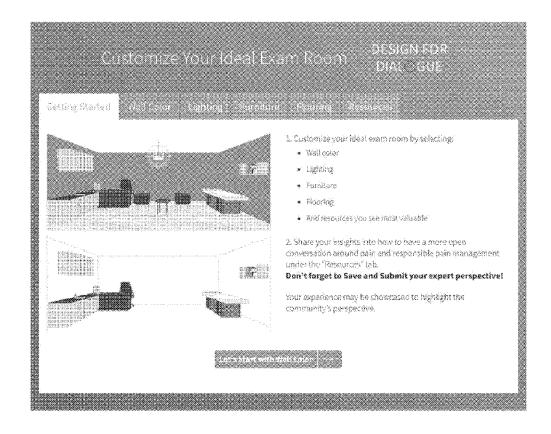
Page URL	www.painmatters.com/community- engagement/design-for-dialogue
Page Title Tag (Limited to 65 Characters)	Pain Matters Be the Voice that Inspires Change
Page Description (Limited to 150 characters including spaces)	Use Design for Dialogue to rethink the exam room experience and design a space to help address the uncomfortable nature of these complex issues.
Page Key Words	Pain, chronic pain, design for dialogue, exam room, design





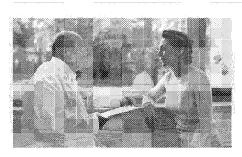
According to recent research, both people affected by pain and healthcare professionals treating pain feel that examinom conversations can be uncomfortable. ²⁷ The pressure to open up about the impact of pain on everyday life in an unlamiliar environment and discuss the risks of abuse and made associated with opiciol medications may contribute to the feelings of discomfort. Research shows that simple changes to the physical healthcare environment can affect people's mood and beliavior.

Design for Dialogue is an initiative intended to allow the pain community to rethink the exam room experience and design a space to high address the incomfortable dature of these chaptes issues. What would the ideal coctors office exam room look like to make you feel most comfortable?



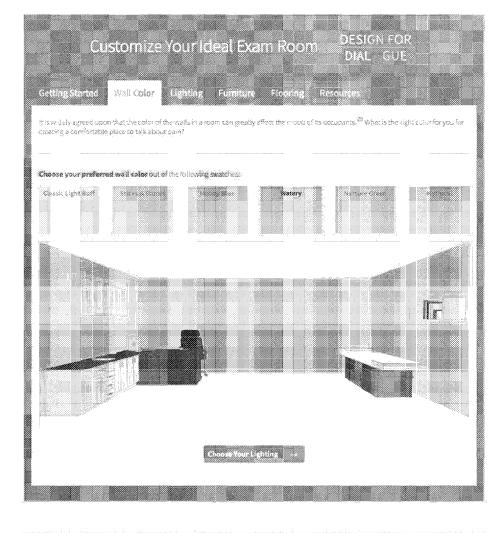


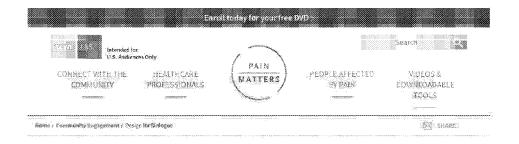
DESIGN FOR DIALOGUE



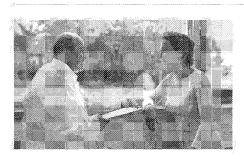
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Design for Dislogue is an initiative intended to allow the paint community to rethink the exam room expendice and design a space to help address the uncomfortable nature of these complex issues. What would the ideal doctor's office exam room look like to make you belingstcomfor able?



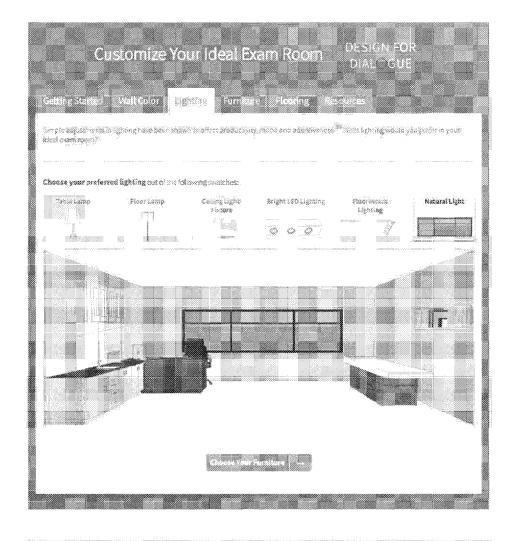


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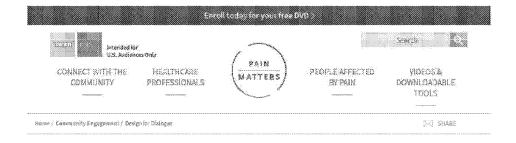


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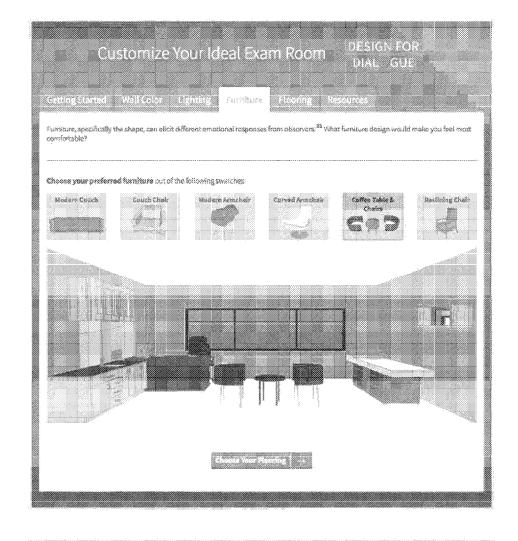


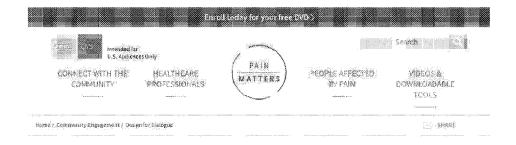




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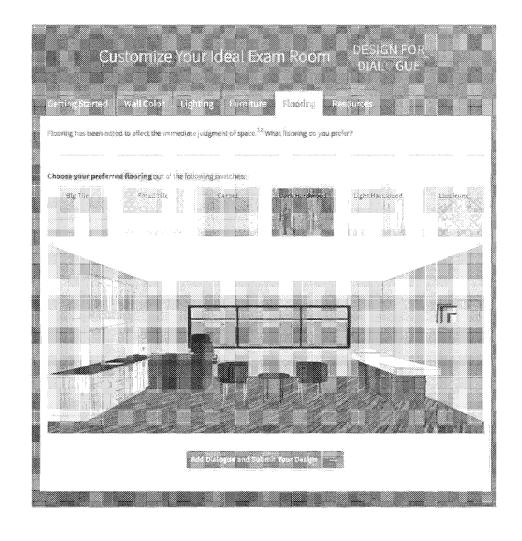






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Design for Dialogue is an initiative intended for allow the paint community to rethink the exam recommended for allow the paint community to rethink the exam recommendable nature of this seconiples issues. What would the ideal doctors office exam reportions like tographs you feel most conflictable?





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According to recent senearch, both people, affected by pain and healthcare protessionals treating pain feel that examinous conversations can be uncombinable. The pressure to open up about the impact of pain on everyoday life in an unfamiliar environment, and discuss the risks of abuse and indused associated with opioid medications may consibile to the feelings of discomfinit. Research shows that simple changes to the physical healthcare environment can affect people's model and the affect are environment can affect people's model and

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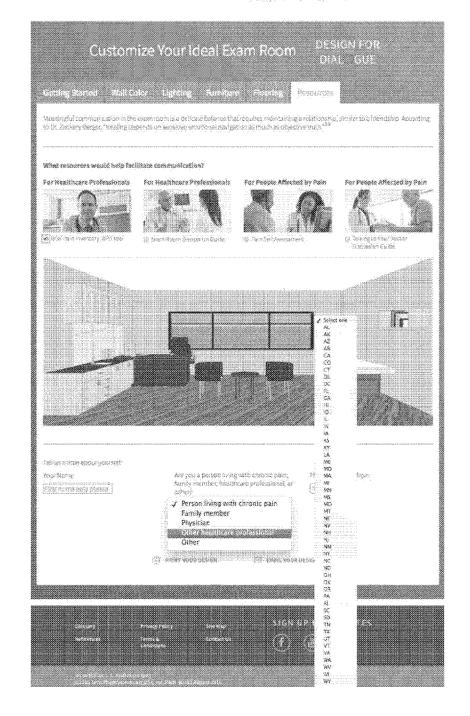


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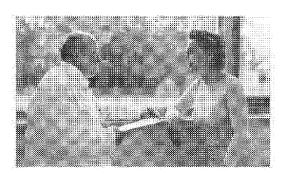
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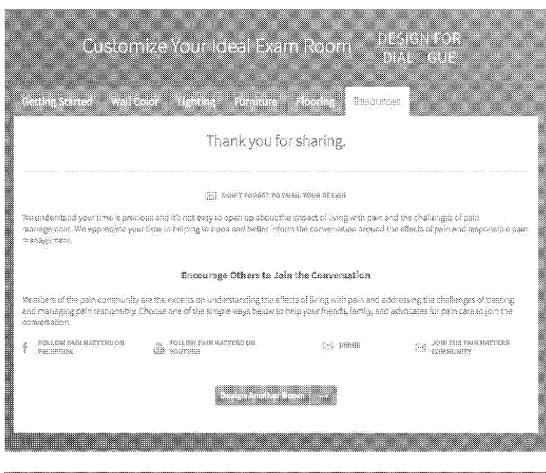
Be the Voice that Inspires Change

DESIGN FOR DIALOGUE



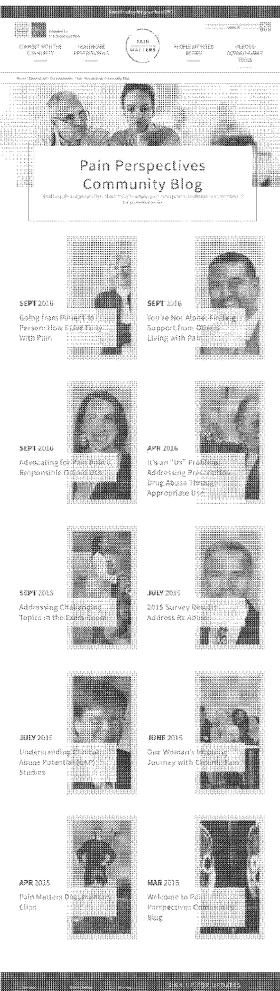
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Page URL	www.painmatters.com/community- engagement/pain-perspectives-community- insights
Page Title Tag (Limited to 65 Characters)	Pain Matters Pain Perspectives Community Blog
Page Description (Limited to 150 characters including spaces)	Hear perspectives from key healthcare providers, industry thought-leaders, and people affected by chronic pain
Page Key Words	Pain, chronic pain, healthcare providers, thought leaders, blog



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Page URL	www.painmatters.com/community- engagement/welcome-pain-perspectives
Page Title Tag (Limited to 65 Characters)	Pain Matters Welcome to Pain Perspectives
Page Description (Limited to 150 characters including spaces)	Melanie Rosenblatt, MD, introduces Pain Perspectives: insights into today's complex pain management landscape from members of the pain community.
Page Key Words	Pain, chronic pain, pain community, pain management, pain perspectives

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Welcome to Pain Perspectives

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By Medanie Rusenhlatt, Min

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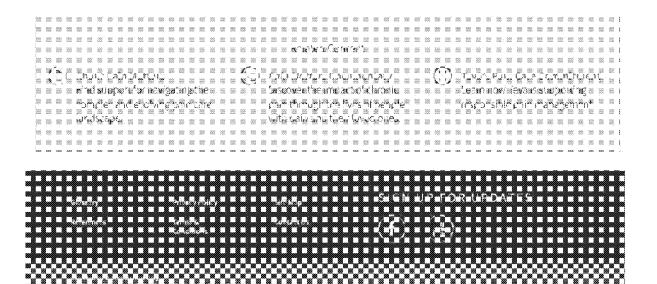
miniteged to be a poin of the Pain Mutain violation that pitting produced by the Discovery Channet. The first provided used stocked only implication through the lives of excepts and furnificated by points am preased to be among the inquisity thought lacoors who will provide insights related to the effectiving pain care including and parallel implications in people who like with chindren pure and share who care in them.

Pain Perspectives provides a platform in the pain community to contribute on intensional doublesy members, including facinal and state-law-lingulating changes, professional medical confices me challings of opioid abuse, and advances, activities. Tris rotating ceffer of prescriptions will be available in multiple formats, studies articles, Q&As, and videos. The many values of Pain Perspectives will come together to raise awarrance and despend understanding of freating this often misunderstood condition.

Welcome to the British dition of Point Percescines

- Melanja Rosenblott, Will

Aleanie Rosenbiate, Alb. serves as a baid consetant for Teva Channaceu acals.





Page URL	www.painmatters.com/community- engagement/one-womans-inspiring-journey-with- chronic-pain
Page Title Tag (Limited to 65 Characters)	Pain Matters Beyond the Suffering, My Battle for Grace
Page Description (Limited to 150 characters including spaces)	Cynthia Toussaint, founder of For Grace, shares her inspiring journey moving beyond the suffering of chronic pain and battling for grace.
Page Key Words	Pain, chronic pain, grace, journey, inspiring



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people affected by chronic pain and their loved ones.

March 2015

Beyond the Suffering, My Battle for Grace



One Woman's Inspiring Journey with Chronic Pain

As a woman who has lived with the devastating effects of chronic pain for nearly 33 years, I feel blessed to share my experiences and encourage others facing a similar struggle. My journey with chronic pain began with a minor ballet injury in my right hanstring when I was 21 years old, but that was only the beginning. My injury had triggered the onset of a chronic pain disease, Complex Regional Pain Syndrome.

Over the next 13 years, I fought to find a diagnosis as doctors, one after another, told me it was all in my head. I was tolt bedridden for a decade and unable to speak for five years while the pain spread throughout my body and attacked my vocal cords. I felt utterly alone. This lack of belief in me, and the terrible pain I was experiencing, led to feelings of anger, depression, and eventually thoughts of solicide. I felt doubted and dismissed because I was a woman. I never imagined I might someday turn my suffering into semething of value.

Through the love and support of my life partner, John, I was able to let go of the negative and began to reliment myself. Finally, and most importantly, I accepted suffering as an intimate part of me and, indeed, my new normal. I found a voice as a healthcare reform advocate and launched for Greek to help other women with pain. Helping women heal and make positive choices has brought blessings into my life—a physical remission and emotional heating beyond anything I could have imagined. I know how precious each moment is and on a daily basis, I experience the great reward of helping people. I wouldn't change my life for anything.

Watch Her Story

It is my privilege to be able to share my story as part of the <u>Pain Muthin's Discontinuous</u>, produced by the Discovery Channel. Watch the full documentary to hear more about my life and the experiences of others with chionic pain. You can also <u>suction</u> a previous of my story.



About the Author: Cynthia Toussaint

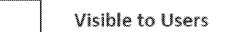
Cynthia Toussaint is the founder and spokesperson of For Grace, an organization that promotes better care and wellness for women in pain. Toussaint championed and gave key testimony at two California Senate hearings – one was dedicated to

CRPS awareness, the second explored the gender blas and divonic under treatment of women in pain. Her current Step Therapy bill, a six-year effort at this stage, will reform an unethical prescription practice used by the health insurance industry to save money in a way that increases the suffering of California pain patients. She is the author of Rabbe for Greece & Hernatic of Pain, Perioportion and Impossible Larre. For more about the author and dealing with chronic pain please visit For Greece are

Cynthia Toussaint serves as a paid consultant for Teva Pharmaceuticals.



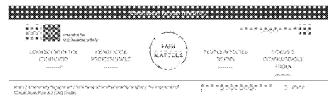






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Page URL	www.painmatters.com/community- engagement/importance-clinical-abuse-potential- studies
Page Title Tag (Limited to 65 Characters)	Pain Matters The Importance of Clinical Abuse Potential (CAP) Studies
Page Description (Limited to 150 characters including spaces)	Michael J. Brennan, MD answers commonly asked questions and provides insight into the purpose and rationale for CAP studies.
Page Key Words	Pain, chronic pain, CAP, questions, insight



The Importance of Clinical Abuse Potential (CAP) Studies

Perspectives from Michael Brennen, MD

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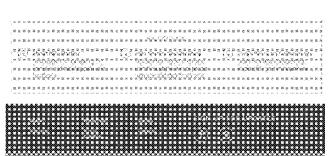
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About the Author (Constitution)

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Page URL	www.painmatters.com/community- engagement/survey-results-address-rx-abuse
Page Title Tag (Limited to 65 Characters)	Pain Matters 2015 Rx Abuse Survey Results
Page Description (Limited to 150 characters including spaces)	Bob Twillman, PhD addresses the results of a new survey exploring complex issues impacting the pain care landscape.
Page Key Words	Pain, chronic pain, pain care, pain landscape, survey



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2015 Rx Abuse Survey Results

Physicians and People Affected by Chronic Pain Open Up About Rx Abuse

Prescription drug abuse is a serious public health problem that is having a significant impaction our society and more directly, on the relationships between people affected by pain and their physicians. 2015 Survey Results shed light on the challenges that exist in this evolving pain care landscape. How do clinicians and people with pain balance the need to tak about the impact of pain on everyday, life and the risks of abuse and misuse associated with prescription opioid medications? These survey results reveal that both clinicians and people affected by chronic pain recognize their important role in helping to reduce the risk of abuse, but feel that discussing the topic can be uncomfortable. Clinicians and people with chronic pain agree that information and practical resources that help address this complex problem are greatly needed. Dig deeper into the perspectives of clinicians and people affected by Jain through the survey-results, infographic below.

VIEW SURVEY-RESULTS INFOGRAPHIC

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July 2015

Under mending Chine of Remove Police Lar (CAS) Socials Michael J. Breman, ACD answers commonly asked questions and provides inauth into the purpose and religionals for CAP studies.

Clinicians and people affected by pain open up about Rx abuse



PaintMatters comprovides information and resources for physicians and people affected by painto help mitigate the risk of abuse and misuse and support ongoing dialogue. Practical discussion guides and a veriety of downloadable resources are available for matikasses professionals in addition to a resource section specifically designed to support people affected to pain.

ACCESS TOOLS & INFORMATION FOR HEALTHCARE PROFESSIONALS

FIND RESOURCES & SUPPORT FOR PEOPLE AFFECTED BY CHRONIC PAIN

About the Survey

A survey conducted on behalf of Teva in partnership with the U.S. Pain Foundation and the American Academy of Pain Marragement explores issues impacting the pain care landscape. The survey included 1.00 prescribing healthcare professionals and 1,044 addits with chronic pain taking medications to manage their pain. The survey was conducted from January 21 to February 10, 2015.



About the Author: Bob Twill man, Phil

Bob Twillman, Ph.D., is the Executive Director for the American Academy of Pain Management. In that capacity, Dr. Twillman is responsible for overseeing federal and state pain policy developments and advocating for those supporting an

Integrative approach to managing pain. He also serves as Cliair of the Prescription Monitoring Program Advisory Committee for the Kansas Soard of Pharmacy. Dr. Twilliman received his Ph.D. in Clinical Psychology at the University of California in Los Angeles, and maintains a volunteer faculty appointment as Clinical Associate Professor of Psychiatry and Behavioral Sciences at the University of Kansas Schook of Medicine in Kansas City, KS. Prior to taking his current position, Dr. Twillman was a full-time faculty member at the University of Kansas Medical Center, where he founded and directed the inpatient pain management program and was a co-founder of the hospital's Palliative Care Team. He has been actively Involved in pain policy through his work with the Alliance of State Pain initiatives and the American Pain Society for many years.

Toya Pharmaccuticals reviewed and edited this post prior to publication

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	engagement/vital-conversations
Page Title Tag (Limited to 65 Characters)	Pain Matters Conversations that Matter:
	Addressing Challenging Topics in the Exam Room
Page Description (Limited to 150 characters	Richard Payne, MD and Laura Cooley, PhD shed
including spaces)	light on the impact of physical environment on
· ,	discussions between clinicians and people with
	pain.
Page Key Words	Pain, chronic pain, psychological impact, physical
	environment, clinicians



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Conversations that Matter: Addressing Challenging Topics in the Exam Room



DESIGN FOR DIALOGUE



Lawrs Cooley, PSO: As the Director of Education and Dutreach at the American Academy on Communication in Healthcare, immery familiar with the challenges no open dialogue faced by healthcare providers and people living with pain in the exam room. I'm so pleased to be joined - Rechair Payine, a practicing para species at Devert Windsity and part president of the
American Pain Society, to discuss this important topic, 0x, Payine, ccoss defining the challenges that
can higher open, meaningful or weisation in pain care, what would you say are concloses. concerns?

Richard Psyne, MD: As a spicualist in pain care, the neutry familiar with this sense of apprehension I feel from any patients when discussing the impact of their pain during an office Vait. Pain cannot be seen or quantified, making the patient interview a key Islal for manitoring pain management. Pain, though, continually proves to be a difficult topic of discussion, and the issue of prescription opioid abuse has only compounded the difficulty.

As clinicians, we bever want to imply that our patients are less than honest, quotanding, and sincers in their desire for treatment, and we never want to sound presumption up or accusatory. Conversely, it is our understanding that many patients assume that we suspect them of abuse, and so they undersport their pain. Without an accurate plature of a patient's pain we are limited in our ability to provide them with the appropriate case.

Laura: The American Academy on Communication in Healthcare has quite a few tools they offer to physicians and patients that focus on an ideal we refer to as "selectionship ownessed care," both this focus, we can better ask and issen to patient concerns, respond move empellied cally to patient emotions, and share in the decision-making process.

Or. Paynes Absolutely, Laura. The solution to this multifaceted issue is not a simple one, but it begins by strengthering the relationships between patients and doctors, for clinicians, becoming familiar with simple communication techniques and working to got them into practice can make a big difference. For instance, furning of your cell phone, not folding with lapticips, islating empatherically, and remembering not to interrupt can help create an environment where patients fee, empowered to share their feelings.

Laura: Those are some great insights, i particulatly appreciate Dr. Payne's point of not interrupting, laterestingly, clinicians often interrupt patients during their initial monologue. whereas most patients would talk for up to 90 seconds if uninterrupted. Only 23 percent of patients feet they finish charles their concerns with their clinicians. We Being mindful of allowing people affected by only to share their full story can help clinicians and patients work. together to find the right pain management plan.

Dr. Payner Yes, and from this foundation we can start to have more onen conversation about to the profession of the common control of the common of t communities who may be at risk for intentional or unintentional abuse. It's important to provide patients with guidelines for appropriate use, glorage, and cisopsal and to discuss the penefits of opticid modications with a buse deterrent properties whenever available. These medications help leep prescriptions in the hands of tioses who need them.

Latina: Paintivotters.com provides information and resources for physicians and people affected To provide a company provided in the control provided effected by hely



About the Authors: Laura Cooley, PhD

Laura Cooley, PhD, is the Director of Education and Outreach at the American Academy on Communication in Healthcare (AACH), a non-position genitation with a mitistion of improving healthcare chrough education, research, and practice this focuses on point unication and relationships with gair ents, families, end healthcare teams Additionally, Dr. Cooley guides marketing and development for Doctorn, an online communication skills confoculum resource developed by AACH and The Drewk University College of Medicine.



About the Authorse Richard Payne, Mil-

Richard Payne, MD is the Esther Colliflower Professor of Medicine and Divinity at Duke Divinity School at Duke University, the Medical Circular for the Pain Action Alberton, and John B. Frencic Chair in Bloothics at the Center for Practical Divinities. Dr. Payne has directed programs in pain management and pallative care at Memorial Stosm-Kesseing Conser Center, and S. A. Assessori Cancer Center, and S. a past president of the

American Pain Society.

Tevs Phormoceuticals reviewed and edited this post prior to publication



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Page URL	www.painmatters.com/community-
	engagement/its-an-us-problem
Page Title Tag (Limited to 65 Characters)	Pain Matters New Videos Underscore
	Importance of Appropriate Use, Storage &
	Disposal
Page Description (Limited to 150 characters	Pain Matters introduces new videos that
including spaces)	underscore importance of appropriate use,
	storage and disposal.
Page Key Words	Pain, chronic pain, video, storage, disposal



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pain

New Videos Underscore Importance of Appropriate Use, Storage & Disposal

Watch the public service announcement videos now.



The prescription drug abuse epidernic is not a "his problem" or a "her problem", it's an "everyone's problem" and we all have a responsibility to address this critically important issue. Pain Matters is committed to providing resources that support responsible pain management for both people affected by pain and healthcare professionals treating pain. While prescription pain medications play a role in managing pain for some, the reality is they have the potential to be abused and misused. Finding solutions takes time and all stake nolders, including pharmaceutical industry, government organizations, advocacy groups and even everyday citizens, can take part in helping to ensure prescription pain medications stay only in the hands of those who need them.

Most people know that keeping unused or unsecured prescription pain medication or sharing medication, with friends is technically wrong, but they don't necessarily realize how their behavior could be contributing to one of America's fastest growing drug problems. These videos depict absurd scenarios where sharing pain medication is not only common place and Intentional, but also acceptable. The videos depict an exaggerated reality that will leave you wondering, why would anyone allow prescription pain medications to get in the wrong hands?

We encourage you not only to watch and share these videos, but use them to help foster more open conversation with your patients and your peers. Learn about all of the latest advancements to support responsible opioid use, storage and disposal.

We each have a role to play, and together, we can make a difference.

Brought to you by Pain Matters



Fain Matters is a multi-faceted initiative, sponsored by Teva Pharmaceuticals, designed to support responsible pain management by providing practical resources and information for healthcare professionals and people and

people affected by pain. Throughout this website, you will find tailored content tailored including information on understanding chronic pain, opioid abuse and misuse, and the emerging science of abuse deterrence technology.

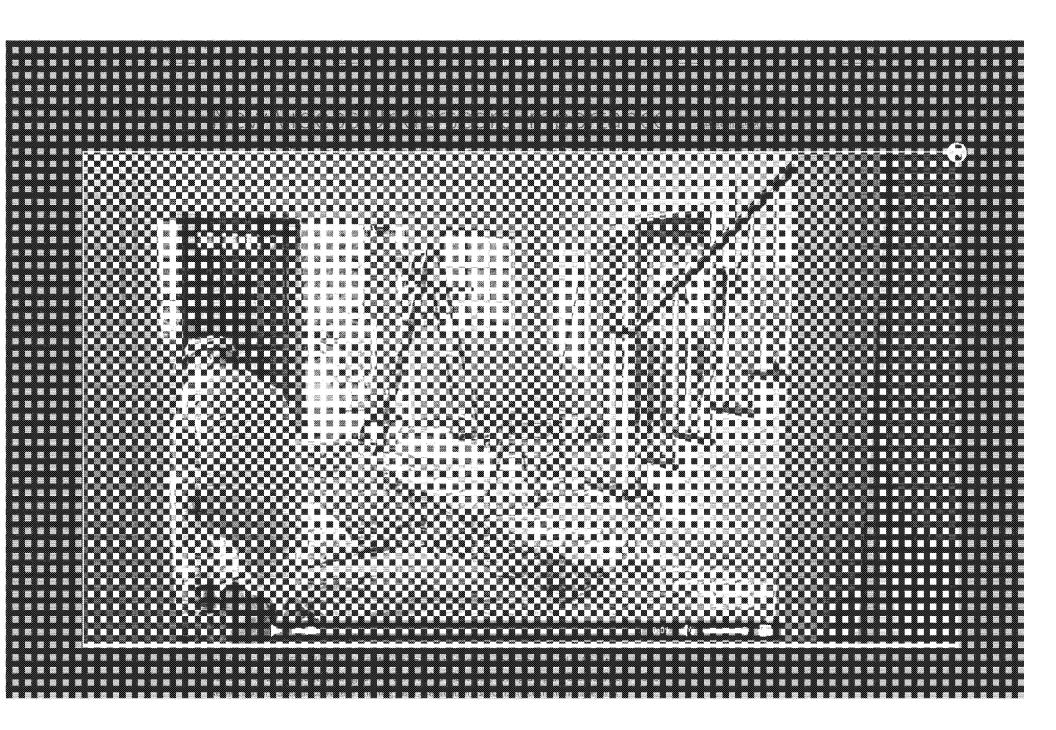
Video resources such as the "Don't Think it Matters?" series, the Poin Motters documentary, clinical presentations and the animated abuse deterrance technology video all aim to support people affected by pair, and healthcare professionals havigating this complex pain care

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Page Title Tag (Limited to 65 Characters)	Pain Matters Living with Pain Perspectives
Page Description (Limited to 150 characters	Short video stories from people affected by
including spaces)	chronic pain and their loved ones.
Page Key Words	Pain, chronic pain, loved ones, video, stories



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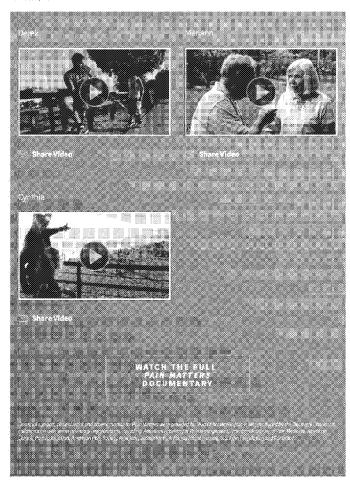


Living with Pain Perspectives

The Pain Matters documentary, produced by the Biscovery Channel, chronicles the lives of people affected by chronic pain and their loved ones. Throughout the documentary film, participants shared personal details on how living with chronic pain has affected their ability to take part in activities and even its impact on their relationships.

Watch short clips from the documentary to understand first-hand what it is like to live with chronic pain.









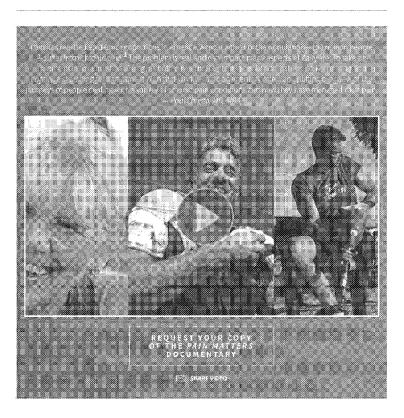
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Page URL	www.painmatters.com/community engagement/pain-matters-documentary
Page Title Tag (Limited to 65 Characters)	Pain Matters Pain Matters Documentary
Page Description (Limited to 150 characters including spaces)	The Pain Matters documentary, produced by the Discovery Channel, chronicles the lives of people and families affected by chronic pain, and provides insights from leading pain care professionals on the importance of working together to manage this complex condition.
Page Key Words	Pain, chronic pain, Discovery Channel, pain care, documentary



Pain Matters Documentary

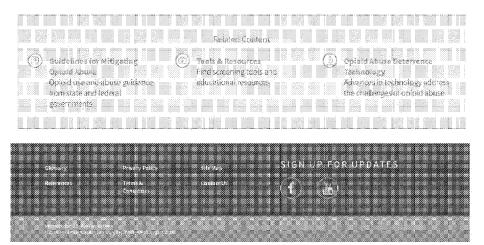
Produced by the Discovery Channel



Financial support, clinical injuit and other expertise for Pain Matters were provided by Teva
Pharmaceuticals. It was produced by the Discovery Channel in collaboration with seven advocacy
organizations, including American Academy of Pain Management, American Academy of Pain
Medicine, American Chronic Pain Association, American Pain Society, American Society for Pain
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	responsible-opioid-use
Page Title Tag (Limited to 65 Characters)	Pain Matters Advocating for Pain Policy,
	Responsible Opioid Use
Page Description (Limited to 150 characters including spaces)	Amy Goldstein discusses state and federal advocacy efforts to advance pain policy that supports the needs of people living with pain.
Page Key Words	Pain, chronic pain, State Pain Policy Advocacy
	Network, advocacy, policy



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Advocating for Pain Policy, Responsible Opioid Use

In addition to the physical, emotional, and spiritual challenges of living with pain, many people also feel misunderstood by others who don't share their experiences. Unfortunately, that misunderstanding can affect legislation and policy regarding development of and access to pain medication.

Individual states typically take the lead in defining and regulating the practice of pain management through licensing boards, regulatory agencies and legislation. Without proper consideration, the policies they put in place can stand in the way of effective gain management for people living with pain.

The State Pain Politis Advances (Indexed RepPaid), a project of the Academy of Integrative Pain Management (Formerly American Academy of Pain Management), works at the federal and state levels to advance pain policy that supports the needs of people living with pain. To do this, we flag thousands of bills and regulations across nearly 20 topic areas, analyzing them for their potential impact on people living with pain and providers or pain care. This allows us to give advocacy leaders information about current pain-related policy proposals in their states and share tools and resources to felo them motivate other advocates.

Our organization advances integrative pain care through advocacy and education; this has been our mission since 1988. Providing quality pain care requires excellent communication between the provider and the person with pain and an individualized approach to selecting appropriate treatments. Opioid therapy is part of this annamentarium of care for some people with pain, and advocating for responsible opioid use is of utmost importance. Therefore, one area of pain policy we follow closely is the development and availability of opioid medicines with abuse-deterrent technology (ADT), Opioid abuse and misuse has become a topic of national concern. Many people who abuse opio dis awallow them, but others crush, cut or melt their physiosing the extended release mechanism present in many opioids and delivering the full does of the drug to the bloodstream faster. Because data have shown that most prescription opioids used improperly come from medicine cabinets of friends or family, working to ensure increased access to ADT opioids may help prevent opioid-releated overdose deaths by making the medications less desirable to those who would abuse them.

Healthbare providers and people living with pain recognize the risk of abuse and misuse and are eager to find a solution while protecting access to these medications in order to keep them in the hands of those who need them. Researchers and drug manufacturers are hard at work developing abuse-determent options that make opioid pills more difficult to tamper with and reduce their potential to be abused. In addition to this technology, healthcare professionals can provide resources and tools to help educate people experiencing or living with pain on how to appropriately use, store and dispose of opioid medications to fielp prevent abuse and misuse. You can learn more about abuse deterrence technology hear and find information about properly using, storing and disposing of opioids here.

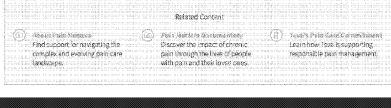
SPFAN is following bills in 25 states that aim to increase access to opioids with ADT by requiring insurers to cover them and/or discouraging pharmacists from substituting medicine with ADT for medicine without ADT

About the Author: Amy Galastein

Amy Goldstein, MSW, currently serves as the Director of State Pain Policy Advocacy Network. She has an settensive history in the policy and advocacy arena, having served as the leader of the Massachusetts Pain initiative, and later overseeing all New England state pain initiatives for the American Cancer Society, More recently, as Sr. Director of Programs, Services & Advocacy, she was a leader in-institutionalizing advocacy, the was a leader in-institutionalizing advocacy for the National Multiple Scienosis Society's Mid America Chapter. These efforts demonstrate her proven ability to develop advocacy networks and lead them in producing positive results.

Teve Pharmaceuticals reviewed and edited this post phor to publication.

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	engagement/finding-support-from-others-living-
	in-pain
Page Title Tag (Limited to 65 Characters)	Pain Matters You're Not Alone: Finding Support
	from Others Living with Pain
Page Description (Limited to 150 characters	Paul Gileno shares his story of living with pain and
including spaces)	his perspective on the pain community's role in
,	raising awareness of the invisible illness.
Page Key Words	Pain, chronic pain, support, U.S. Pain Foundation,
	invisible illness

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You're Not Alone: Finding Support from Others Living with Pain

Like most people who sustain an injury, linever imagined that the resulting pain would become part of my deity life.

For years, I was not my feet every day managing the governet fond and cetering business Lowned and operated, in the spring of 2003, I severed my sciatic nerve in a workplace accident, leaving me with degenerative disc disease. I was later diagnosed with complex regional pain syndrome ICRPS), which can cause continuous burning or throibing pain and sensitivity to touch. I had, multiple surgeries and tried different treatments for my pain, but nothing worked.

The constant pain put a huge strain on my personal life, I got divorced, and my relationships with my six siblings suffered. Ultimately, once I accepted that the pain was chronic, I had to sell my

Once i realized my pain wasn't going away, i started to look for support. I knew there must be other people in similar situations, and I thought it would be helpful to talk to them about our

As one of the rearly 100 million people in the U.S. who are living with pain, I quickly realized that the need for resources and support was great. I started the Connecticut Pain Foundation in my home state to provide a community for people living with pain. Interest spread, and I soon helped the Connecticut Pain Foundation grow into the U.S. Spin Sausdassing, a nonprofit dedicated to serving people who live with pain and their caregivers.

With more than 70,000 members nationwide, the U.S. Fain Foundation advocates on behalf of Americans I wing with pain. We track bills and engage with government officials on a regular basis to make sure the voices of people living with pain are heard when national pain policy is written. We have supported legislation in several states that encourages pharmacists to honor. doctors' prescriptions for pain medication, and we are working to get similar legislation passed

In an effort to raise awareness and eliminate the stigms that surrounds people living with pain. the U.S. Pain Foundation has started projects like the "(Nvisible Project," a traveling display that brings to life the many faces of people living with pain through real photos. We also work to bring the pain community to gether through programs like Herces of Healing, a private, online support community, and our Faln Arnbassador Network, which relies on a network of volunteer advocates to be the solice of people in pain and who give hope to their solir nunities.

While I am honored to have the privilege to lead a national pain organization, I consider myself first and foremost to be a person who lives with pain. Frelate to the struggle and isolation pain brings, and f know how important it is to feel heard accounterstood. The U.S. Pain Foundation was treated by people with pain for people with pain, Everyone involved with our organization either has pain or is a caregiver of a person with pain.

I beliëve that if we work together, we can reduce the suffering pain brings with it, along with the lisbiation, depression, stress and stigms it involves.

Confidential

About the Author: Paul Glieno

Rout Silenc has become a strong force in the chronic pair awareness movement. His mission and message in file are clear — to empower and support those living with pain. He believes that by exploring new ways to cope, those with pain can find personal answers that enable them to grow and live once more with meaning and purpose.

In 2003, Paul suffered a workplace injury that severed his science need and left him with degenerative disc disease.

After multiple failed back surgaries, grueting physical therapy and various pain management therapies, he came to accept that his pain was chronic. In Sine, Paul discovered that he had a new calling in life — helping chronic pain survivors

Living with degenerative disc disease, billed back syndrome and complex regional pain syndrome for over three years, Paul eventually founded the Connecticut Pain Foundation in 2006, which later grew into the U.S. Pain Foundation. U.S. Pain exists to connect, Inform, empower and advocate for the pain community, in addition to his work with US Pain, Paul is on the Advisory (beard for Painthathways magazine, the co-administrator of Heroes of Healing and co-director of the INvisible Project. As part of his work with U.S. Pain, he advisorates for and supports legislation at the state and federal level that erms to ensure access to quality pain management. He supports various organizations that raise awareness and fund research on behalf of the chronic pain community, as all endeavors shift perceptions about pain and motivate thenge.

Teva Pharmaceuticals reviewed and edited this post prior to publication





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Page URL	www.painmatters.com/community- engagement/going-from-patient-to-person
Page Title Tag (Limited to 65 Characters)	Pain Matters Going From Patient to Person: How I Live Fully With Pain
Page Description (Limited to 150 characters including spaces)	Penney Cowan discusses the importance of support groups and finding a balanced approach to pain management.
Page Key Words	Pain, chronic pain, American Chronic Pain Association, pain management



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Going from Patient to Person: How I Live Fully With Pain

When you live with chronic pain, it can consume your life, making it seem like your whole existence is defined by your pain. On top of that, much of what you hear about chronic pain in the news is overwhelmingly negative, with stories about pain being associated with opioid.

But there's an untold story out there that is painfully familiar to the nearly 100 million people

At any moment, you could be walking down the street next to someone who is living with pain and not even know it. Pain is an invisible and unprecictable monster. People who live with it may have good days and bad days. So for those who don't live with pain, the question becomes, "You could do this yesterday, why can't you do it today?" and that can make people with pain feel misunderstood and put them on the defense

I know firsthand the frustrations that accompany living with pain. Eve had chronic pain since 1974, and it took me six years to find a diagnosis. I felt like a 30-year old trapped in an 80-year old body, and it was very discouraging. I didn't fully realize what a huge personal accomplishment it was just learning to live with my pain until after my diagnosis when I took part in a pain management program at the Cleveland Clinic. For the very first time, I knew t wasn't the only person in the world with this kind of pain. Before going there is solated and shut myself off from my family and friends. The program taught me how to live with my pain, providing the self-management skills i needed to live a full life in spite of my pain. The validation and support of others who live with pain is a critically important step in learning to live with pain.

Hounded The American Charmic Pain Assectation (ACPA) in 1980 to provide that comfort for people living with pain. When I left my pain management program, I was eager to maintain my wellness and not allow pain to rule my life again. I placed a notice in my church bulletin and quickly found others in similar situations. One support group quickly biossomed into many.

Today, the ACPA organizes several hundred support groups, as well as providing resources and tools to help people manage their pain. We offer communication could be help people talk to their doctors about pain, less are from more than 3C years of supporting people with pain and information about chronic pain treatment.

it is possible to live-life beyond simply existing with pain. With a balanced approach to pain management that may include medication, but also teaches you to listen to your body, manage stress, pace activities, and understand your emotions, you can live fully. To find tools and resources or connect with others living with pain, wisk security every.

About the Author: Penney Cowan

Penney Cowan is the founder and Chief Executive Officer of the American Chronic Pain Association (ACPA). She herself is a person with chronic pain and established the ACPA in 1980 to help others living with the condition. The ACPA provides peer support and education in pain management skills to people with pain and their families The ACPA also works to build awareness about chronic pain among professionals, decision makers and the general public

She served as: Consumer Representative for the FDA/CDER Anesthetic and Analgesic Drug Products Advisory Committee (AADPAC) for 2012 and was appointed to Interagency Pain Research Coordinating Committee of the National Institute of Health from 2013 to 2015.

Cowarr began the Pastoria's for Uniterstanting Pain Campaign in 2002 in an attempt to raise awareness about the need to better understand, assess, and treat pain. There are more than 80 partner organizations. The campaign, under the direction of the ACPA, successfully established September as Pain Awareness Month.

Teva Pharmaceuticals reviewed and edited this post-prior to publication.

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RELATED STORIES

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Page URL	www.painmatters.com/community-
	engagement/teva-pharmaceuticals-pain-
	management
Page Title Tag (Limited to 65 Characters)	Pain Matters About Teva Pharmaceuticals
Page Description (Limited to 150 characters including spaces)	Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals treating pain.
Page Key Words	Pain, chronic pain, Teva Pharmaceuticals, pain management, healthcare professionals

CONNECT WITH THE COMMUNITY

HEALTHCARE PROFESSIONALS



PEOPLE AFFECTED 5Y PAIN VIDEDS & DOWNLOADABLE TOOLS

Home: / Community Biographeses / Teva Pharmaceusicals Commitment to Chronic Pain Cere

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Teva Pharmaceuticals and Pain Management

At Teva Prarmaceuticals, we understand that downic pain affects more than 100 million Americans.² It can greatly affect people touching many aspects of cheir fives, including their physical health and ability to participate in daily tasks.²







Our Commitment to Pain Care

Teva is committed to supporting responsible pain management that meets the needs of people tiving with pain and heathcare professionals treating pain, With a civerse portfolio and pipeline, we are working to help advance treatments in pain management. Prescription policid medications are an important part of a treatment plan for many people living with chords pain, but we know that they carry a soflow risk of abuse and misuse. Teva is equially committed to addressing the serious problems of chronic pain and prescription drug abuse.

As part of our ongoing commitment to support healthcare professionals and patients desting with chonic pain, we are developing an innovative abuse determine technology platform to address the diallenges of optical studes and misuse.

To learn more about Teva and our commitment, visit us goline at Texas 15% on a



Community Collaboration

As a company, Teris takes this commitment beyond its products, leading education and abuse-mitigation efforts. We're also working to develop educational resources and partner with a variety of stakeholders. In this complex path care environment, Tava is focused on keeping patient needs at the center of all we co.

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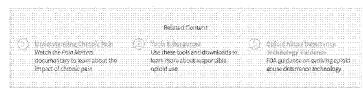
The Alliance to Prevent the Abuse of Medicines

In 2013, Teva became one of several leading industry stakeholders including the harminant Medical Baseline, Will Consensell. Consider Baseline, the Hamiltones Distribution Alexandrian Medical Baseline, Trains Viscous and Statement Association of Viscous Associations and the address prescription drug abuse. This non-profit partnership includes perspectives from all angles of the prescription drug abuse. This non-profit partnership includes perspectives from all angles of the prescription drug abuptly chain—from manufacturers to distributors and pharmacies to physicians.

LEARH MORE

Next Steps

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Page URL	www.painmatters.com/community-
	engagement/pain-community-events-calendar
Page Title Tag (Limited to 65 Characters)	Pain Matters Pain Care Community Events
	Calendar
Page Description (Limited to 150 characters	Pain Matters provides an up-to-date list of pain
including spaces)	care conferences and meetings for the pain
	community.
Page Key Words	Pain, chronic pain, events, calendar, conferences



Pain Community Events Calendar

At Teva, we understand the impact chronic pain has on millions of Americans.¹ We are convolted to exposoling hashboare protessionals, and other a whole who hashboare protessionals, and other a whole endowane. Ear sure in checkboare pair to be regional and instroncy professional meetings, conferences, and exepts will be constanted as other is become available throughout this or at 2017.

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Page URL	www.painmatters.com/healthcare-professionals
Page Title Tag (Limited to 65 Characters)	Pain Matters Healthcare Professionals in Pain
	Care
Page Description (Limited to 150 characters	Pain Matters provides a variety of different tools
including spaces)	and resources aimed at helping healthcare
	professionals navigate the complex pain care
	landscape.
Page Key Words	Pain, chronic pain, pain care, healthcare
	professionals, tools





















Page URL	www.painmatters.com/healthcare- professionals/multidisciplinary-approach-to- managing-chronic-pain
Page Title Tag (Limited to 65 Characters)	Pain Matters Multidisciplinary Pain Management
Page Description (Limited to 150 characters including spaces)	Every patient has his or her own unique experiences with pain. A multidisciplinary approach is an important part of a patient-centered treatment plan.
Page Key Words	Pain, chronic pain, treatment, patient, plan



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Harse / Healthrare Professionais / Multidisciplinary Chronic Pain Management

William Content

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HEALTHICARE PROFESSIONALS PROFESSIONALS Understanding Opioid Abuse Stakeholder efforts in Opport Abuse Determine Programs & Policias Advancements in Opioid Abuse Determine

Opioid Abuse Deterrence Technology

A Multidisciplinary Approach to Managing Chronic Pain

While there are a variety of options evailable to treat chronic pain, it usually connot be cured, only managed, ⁸ There isn't one right way to treat pain ⁸

Approaches to Pain Management







-SPHEN. Marina a ataya



COGNITIVE BEHAVIOR THERAPY



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Managing Chronic Pain

The pain experience is individual. Chronic pain is defined by the international Association for the Study of Pain as "a persistent pain that is not amenable, as a rule, to treatments based upon specific remedies or to the routine methods of pain control." It's a serious medical condition that may greatly affect people leaving them unable to work, maintain relationships, or participate in daily tasks. ¹

Chronic pain can affect anyone. The institute of Medicine estimated that 100 million American adults are impacted by chronic pain, which includes people who reported having "severe pain, imoderate pain, joint pain, arthritis, or functional limitation." ⁸

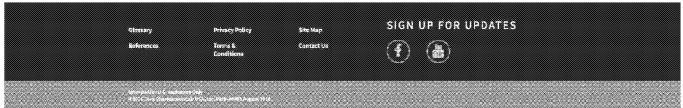
The Role of Opioids in Chronic Pain Management

Prescription pain medications, such as opioids, may be an appropriate treatment option for people whose chronic pain is not adequately managed by other methods. Opioids are an important option for the treatment of certain types of chronic pain.

Next Steps

So to University Opinin Abuse's





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Page URL	www.painmatters.com/healthcare- professionals/understanding-abuse-misuse
Page Title Tag (Limited to 65 Characters)	Pain Matters Understanding Opioid Abuse
Page Description (Limited to 150 characters including spaces)	Understanding opioid abuse and the appropriate role of opioids is key to creating strategies that lead to appropriate use of prescription medications.
Page Key Words	Pain, chronic pain, opioid abuse, opioids, prescription medication





Understanding Opioid Abuse & Misuse

More than 12 million people reported using prescription cain medications normalizedly in 2010. ³⁰
That number encompasses both abuse and misuse. The abuse and misuse of prescription pain if edications were responsible for more than 475,000 emergency department visits in 2009, a number that nearly cloubled in just five years. ³⁰ Further, rapid overdoses in qualicular are increasingly due to the abuse of prescription paintiflers. ⁵

Opioid Abuse

Abuse is a nonmedical use of a drug, repeatedly, or even sporadically, for the positive psychoactive effects it produces. The most common form of opicio abuse is swallowing a number of intect pilis or tablets to achieve a feeling of suphoria. While this is the most widespread form of abuse, opicid shalgesics can be abused in a number of ways?

- Swallowed whole
- · Crushed and swallowed
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- · Crushed and smoked
- · Crushed, dissolved, and injected

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Alcohol-Induced dose dumping, or the associated intake of alcoholic beverages together with oral controlled release opioid formulations, is shother form of abuse that may result in an uncontrolled and immediate drug release. ¹²⁷

Opioid Misuse

Misuse is using the prescription drug for a reason other than for which it was prescribed. ³² The key differentiator being the drug is not being used for an intentional high, so it is Tabeled misuser after than abuse. Mause can also take many forms, for example ¹².

- · Lising a drug for a different condition than that for which the drug is prescribed
- Taking more druggiban prescriped or at different dusing intervals
- · Using a drup not prescribed for them of other therapeutic purposes

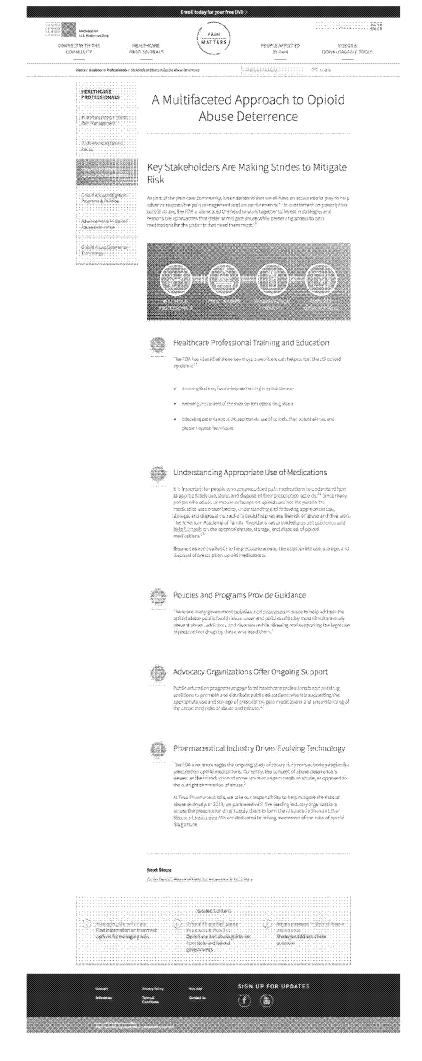
Next Step

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	professionals/multifaceted-approach-to-abuse-
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Page Title Tag (Limited to 65 Characters)	Pain Matters Stakeholder Efforts in Abuse
	Deterrence
Page Description (Limited to 150 characters	Pain Matters provides information about abuse
including spaces)	deterrence technology and the industry initiatives
~ <i>,</i>	dedicated to eliminating opioid abuse and misuse.
Page Key Words	Pain, chronic pain, abuse deterrence technology,
	opioid abuse, misuse







Page URL	www.painmatters.com/healthcare- professionals/abuse-mitigation-programs-policies
Page Title Tag (Limited to 65 Characters)	Pain Matters Abuse Mitigation Programs & Policies
Page Description (Limited to 150 characters including spaces)	Pain Matters is committed to providing the resources and guidance needed to mitigate opioid abuse, misuse, and diversion.
Page Key Words	Pain, chronic pain, resources, opioid abuse, misuse



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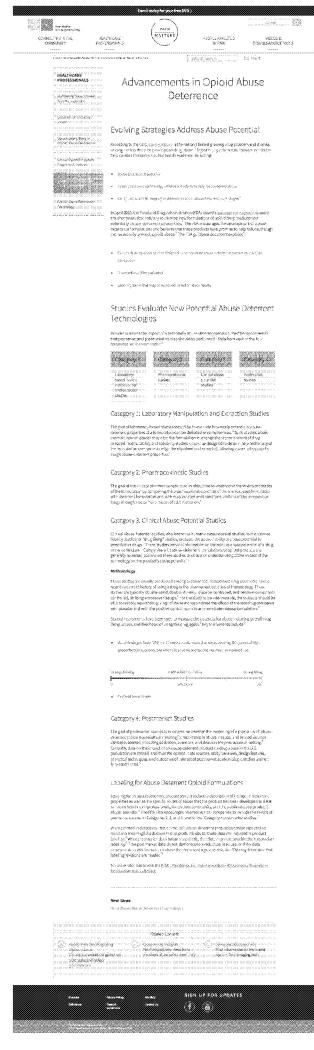
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Page URL	www.painmatters.com/healthcare- professionals/advancements-in-abuse-deterrence
Page Title Tag (Limited to 65 Characters)	Pain Matters Advancements in Abuse Deterrence
Page Description (Limited to 150 characters including spaces)	Pain Matters provides information and resources to educate healthcare professionals around strategies and studies that address opioid abuse potential.
Page Key Words	Pain, chronic pain, healthcare professionals, opioid abuse, resources



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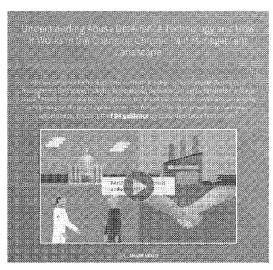
Page URL	www.painmatters.com/healthcare- professionals/understanding-abuse-deterrence- technology
Page Title Tag (Limited to 65 Characters)	Pain Matters Understanding Abuse Deterrence Technology
Page Description (Limited to 150 characters including spaces)	Watch this video to learn more about abuse deterrence technologies.
Page Key Words	Pain, chronic pain, abuse deterrence technology, video, education



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Understanding Abusé Deterrence Technology



Abuse Deterrence Technology Farmulations Target Known Routes of Abuse

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- Above of the manipolarist product loss stop date on peninding.

Click on a deterrence category below to learn more





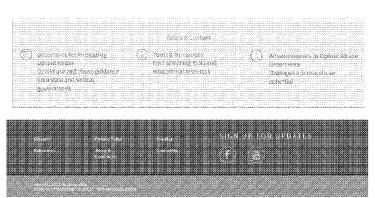
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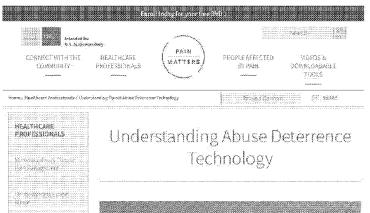
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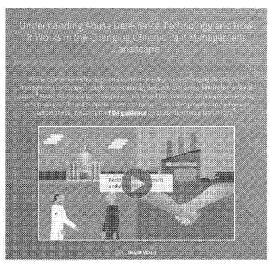
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Abuse Deterrence Technology Formulations Target Known. Routes of Abuse

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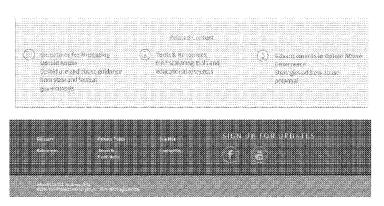
Click on a deterrance category below to learn more



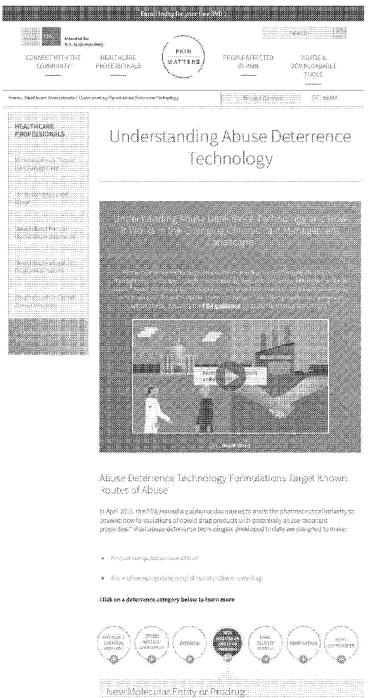
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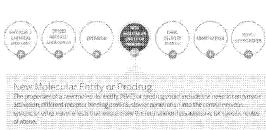
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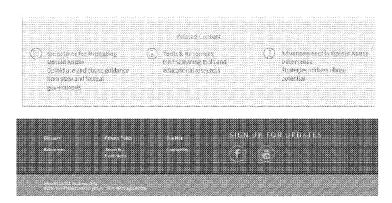


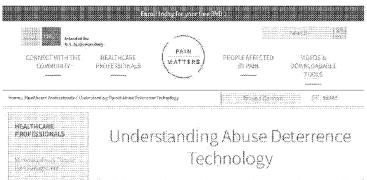




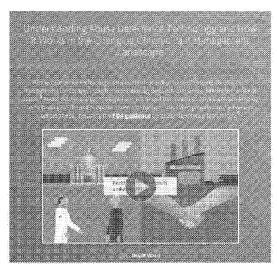












Abuse Deterrence Technology Formulations Target Known Routes of Abuse

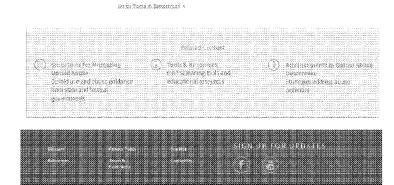
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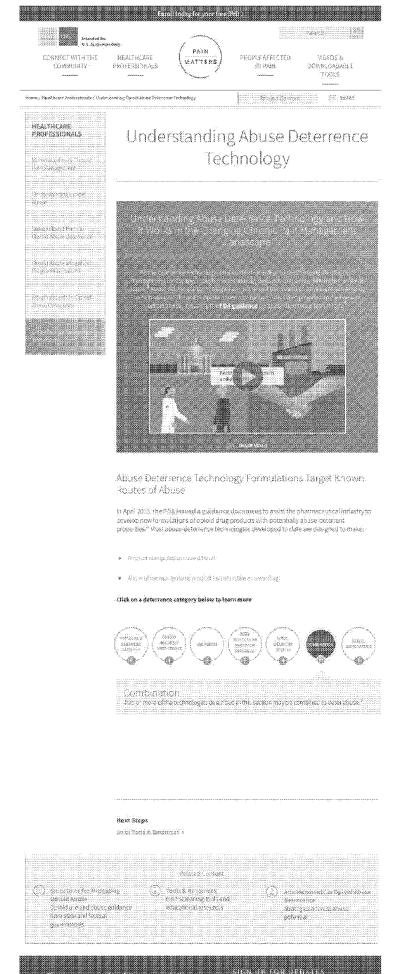
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Page Title Tag (Limited to 65 Characters)	Pain Matters People Affected By Pain
Page Description (Limited to 150 characters including spaces)	Pain Matters provides people with pain information for working with a healthcare team and guidance about safe use, storage, and disposal of opioid medicines.
Page Key Words	Pain, chronic pain, resources, pain treatment, opioids







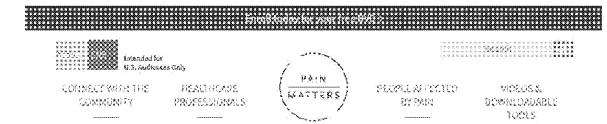








Page URL	www.painmatters.com/people-affected-by-pain/understanding-pain
	<u> </u>
Page Title Tag (Limited to 65 Characters)	Pain Matters Understanding Chronic Pain
Page Description (Limited to 150 characters	Understand the differences between acute and
including spaces)	chronic pain.
Page Key Words	Pain, chronic pain, acute pain, acute, chronic

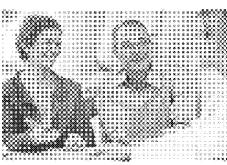


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Understanding Chronic Pain







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Chronic and Acute Pain

Pain is a serious medical condition that can impact anyone at any time. Pain that lasts only for a short period of time is called acute pain; it's a normal feeling that typically alorts us to a possible injury. Thronic pain is very different. Chronic pain is often defined as any pain that lasts for 12 weeks or longer. According to the Institute of Medicine, chronic pain is estimated to affect approximately 100 million American aclosts.

Chromic pain may be caused by an initial injury or there may be an ongoing cause, like a medical libress. But for some people, there may also be no clear cause. Other health problems, such as fatigue, sleep disturbance, decreased appetite, and mood changes, often accompany chronic bain. Chronic bain may affect people's ability to participate in daily tasks.

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Page URL	www.painmatters.com/people-affected-by- pain/finding-right-pain-care-plan-for-you
Page Title Tag (Limited to 65 Characters)	Pain Matters Finding the Right Chronic Pain Care Plan for You
Page Description (Limited to 150 characters including spaces)	Pain Matters provides guidance about working with a pain treatment team and different types of pain management.
Page Key Words	Pain, chronic pain, pain treatment, pain management, guidance





Finding the Right Chronic Pain Care Plan for You



Working with Your Doctor

flow chronic pain is experienced is unique to every person. There is no test to measure how chronic pain feels or exactly whose it is located. "So, your doctor will rely on you to tell him or her how the pain feels, how often you experience the osin, and where exactly it hunts." Defiring pain as sharp or dull, constant, on and-off, burning, or sching ritay give the cest clues to the cause of the pain. "It see descriptions are part of what is coiled the pain thistory. Your healthcare learn will usually start your appointment by declaring your pain so they understand your pain history."

A Pain Treatment Team

Since-chronic pain may occur in a vailety of focations in the body and formany different reasons, it is important for you to work with your decide to identify the causes and symptoms of gave pain to find the tractioner plan that works for you. If the best treatment plan may nevisit for your life the past readment plan that works for you. If the best treatment plan that work is different readment. If may be heighful to work with Several healthcare professionals who have different trading backgrounds and an understanding of chaolic getin. The person in pain and his or het loved ones must also be actively injectived in the treatment plan.

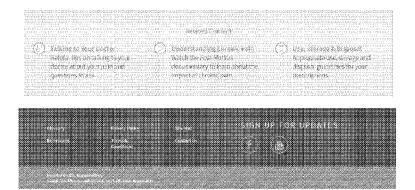
Types of Chronic Pain Management

The overeit goal of chronic peln management is to reduce the pain to help people return to daily living. "While there are a veriety of options available to treat chronic pain, it usually cannot be cured, only managed." A variety of options exist for you and your pain care team to create the treatment plan that is right for you." These options include."

- Psychotherapy
- Meditation
- Massage therap
- Behavira niciblication
- * Annualitary
- Electrica (Stimulation
- Herve trinicks
- Surgary
- Medicines (aspláci, acetaminojónen nonseemida antivirállammakorý do jás, fopical anestitetics, opicaló medicinas)

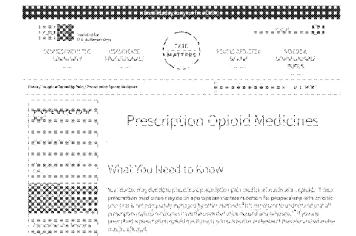
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	pain/prescription-opioid-medicines
Page Title Tag (Limited to 65 Characters)	Pain Matters Prescription Opioid Medicines
Page Description (Limited to 150 characters	Find answers to your questions and information
including spaces)	about prescription opioid medicines for people
	with chronic pain
Page Key Words	Pain, chronic pain, opioid, prescription opioid
	medicines, information



With does prescription drug abuse matter to me?

The person in this closed stem maniform here, included of the probyperson what of the physical powers. Note that the control of the ment between instances restriction point mentions from some or yielding medications, as sufficient in the problem of the problem

What should I know about abuse and influse?

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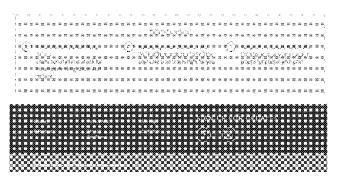
What else is being done to reduce the risk of annse of prescription menicines?

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Page URL	www.painmatters.com/people-affected-by- pain/appropriate-use-storage-disposal
Page Title Tag (Limited to 65 Characters)	Pain Matters Appropriate Use, Storage & Disposal
Page Description (Limited to 150 characters including spaces)	Pain Matters provides information on appropriate use, storage, and disposal of prescription opioid medicines
Page Key Words	Pain, chronic pain, opioid, opioid disposal, opioid use



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Appropriate Prescription Opioid Medication Use, Storage & Disposal

Using Prescription Opioid Medicines Appropriately

Following guidelines on appropriate use, storage, and disposal of your prescription pain medications is important. Prescription drug abuse is a serious public health issue. If Remember, the person who was prescribed a prescription opioid medication isn't always the only one who is at risk for abuse.



Jse

- Take medications only as prescribed
- ★ Beloware of risks
- · Understand inappropriate use
- Never give prescription medicines to anyone elso



Storage^{M, II}

- Hide or look up opioid medications to avoid access by family, friends, or houseguests
- teep bitescription medications in their original packaging so it is clear for whom the medications were prescriped and to save the directions for appropriate use

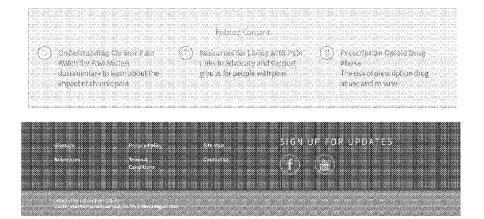


Disposal**

- Opicids may be disposed of through someonality spannered lake dark programs
- If there are mane available in your area, follow the Office of Drug Control Vational.
 Policy recommendations for anxionage scale for frequency dispersal.
- Learn more about appropriate use, assesses and sispesse of prescription apolds medications. Many communities also host drug take-back days to make proper prescription drug disposal copy

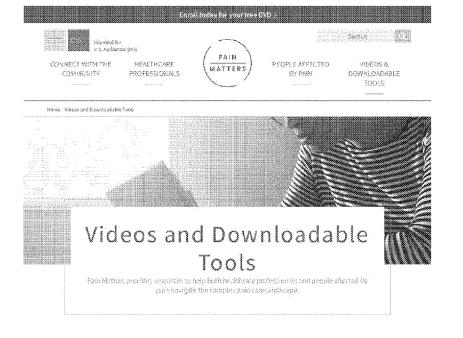
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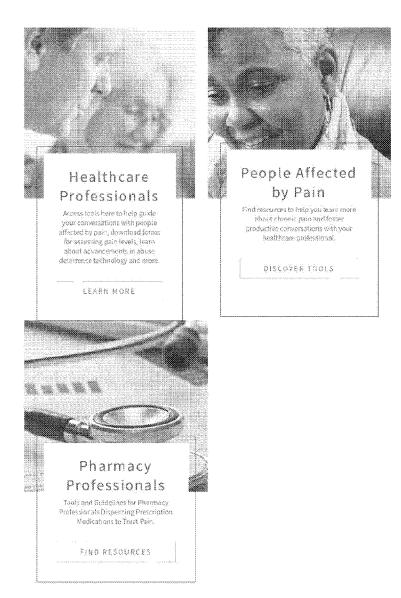
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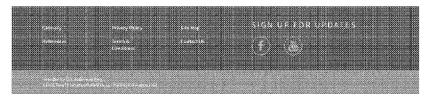


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Page URL	www.painmatters.com/tools-resources/
Page Title Tag (Limited to 65 Characters)	Pain Matters Videos and Downloadable Tools
Page Description (Limited to 150 characters	Pain Matters provides resources to help both
including spaces)	healthcare professionals and people affected by
<u>. </u>	pain navigate the complex pain care landscape.
Page Key Words	Pain, chronic pain, resources, pain care, healthcare
	professionals







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Page URL	www.painmatters.com/healthcare- professionals/tools-resources-for-managing- chronic-pain
Page Title Tag (Limited to 65 Characters)	Pain Matters Tools & Resources for Healthcare Professionals
Page Description (Limited to 150 characters including spaces)	Find tools here to help grow your understanding of the evolving pain care landscape and to share with your patients.
Page Key Words	Pain, chronic pain, resources, pain management, pain care



HEALTHCARE PROFESSIONALS



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Tools & Resources for Healthcare Professionals

Having the right resource card help roster productive distague with people affected by pain and support responsible pain management. First tools here to help grow your understanding of the evolving pain core landscape and to share with your patients.

Explore the resources below



Pain management experts address complexities of treating pain and the issue of prescription drug abuse,

Evolving Roles Same Goals Presentation







Patting Patients First—Developing
Abuse Deterrent Opioids
Presentation

Abuse Deterrance Technology Clinical Presentation





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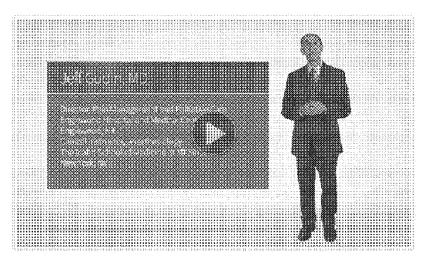


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About the Presenter: Jeffrey A. Gudin, MD

Jeffrey A. Gudin, MD, is Director of Pain Management and Palliative Core at Englewood Hospital and Medical Center in Englewood, NJ, and Clinical Instructor of Anesthesiology at the Irahn School of Medicine at Mount Sinai Dr. Gudin received his medical degree from Albany Medical College in New York Ha completed a residency as chief in anesthesiology at Yale University School of Medicine in New Haven, CT. He continued his training with an extended

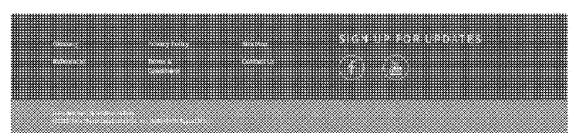
postductoral fallowship in pain medicine at the Yala Center for Pain Management, where he was actively involved in research and teaching.

Deffrey A. Gudin, MD, serves as alpaid consultant for Teva Pharmaceuticals.

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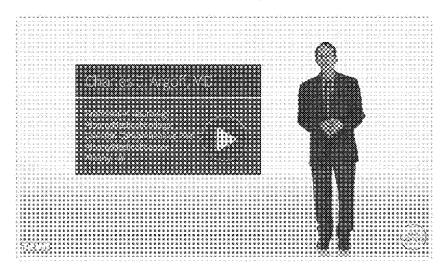


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Addressing Opioid Abuse: A Multifaceted Approach



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About the Presenter: Charles E. Agolf, MD

Charles E. Argoft MD, is Professor of Meurology at Albany Medical College and Girector of the Comprehensive Pain Center at Albany Medical Center in New York. Dr. Argoff is a member of the American Academy of Petrology, the International Association for the Study of Petrology, the Medicine, and the American Pain Society, among other professional organizations. He is the President of the American Academy of Pain Medicine.

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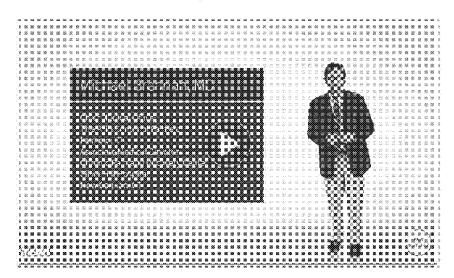


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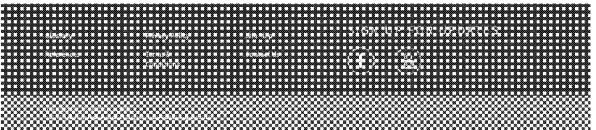
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About the Presenter: Michael A Brandan, MD.

Michael J. Bronnan, MD, is Senfor Attending Physician at Bridgeport Respital and Assistant Clinical Attending Physician at Ct. Vincent's Hospital in Bridgeport, CT. In addition, fire has a private process in physical medicine and rehabilitation that specializes in the diagnosis and management of acure and chronic cain syndromes: electrodiagnosis, and cancer related disabilities.

Michael J. Brenhah, MD, serves as a paid consultant for Teva Pharmoceuticois.

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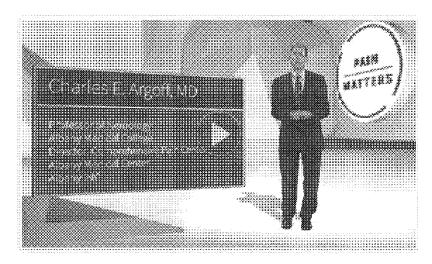


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About the Presenter: Charles C. Argori, MO

Charles E. Argoff, MD, is Professor of Neurology at Albany Medical College and Director of the Comprehensive Pain Center at Albany Medical Center in Mew Voric Dr. Argoff is a member of the American Academy of Neurology, the International Association for the Study of Pain, the American Academy of Pain Medicine, and the American Pain Society, among other professional organizations. He is the President of the American Academy of Pain Medicine.

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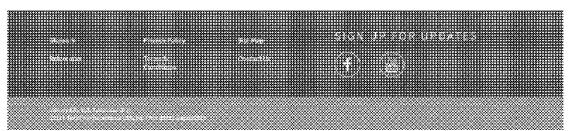


About the Presenter: Michael J. Brennan, MD

Michael J. Brennan, MD. is Senior Attending Physician at Bridgeport Hospital and Assistant Clinical Attending Physician at St. Varient's Hospital in Bridgeport, CT. In addition, he has a private practice in physicial medicine and rehabilitation that specializes in the diagnosis and management of acuta and chronic pain syndromes, electrodiagnosis, and cancer related disabilities.

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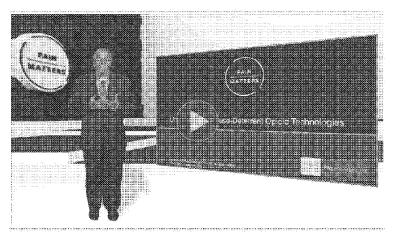


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Understanding Abuse-Deterrent Opioid Technology Clinical Presentation



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About the Presenter: Joseph P. Valenza, MD

Dr. Joseph Valenza received his medical degree from the State University of New York Health Science Center Downstate and completed his residency in physical medicine and rehabilitation at the University of Medicine and Dentistry of New Jersey-New Jersey Medical School. He also earned a Master's of Structural/Biomedical Engineering from The Cooper Union in New York City. Dr. Valenza is board-certified in physical medicine and rehabilitation; with

additional sub-specialty certification in pain medicine. As a specialist in pain management, he treats individuals with a wide range of pain issues, including complex regional pain syndome, repetitive motion disorders, and spinal cord injury.

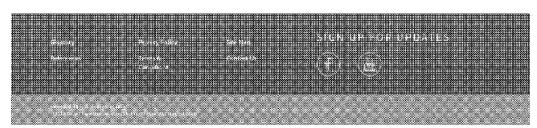


About the Presenter: Gorgery L. Holmquist, PhD

Dr. Gregory L. Holmquist earned his Doctor of Pharmacy degree from the University of Washington in Seattle and has been a practicing clinical pain management and palliative care pharmacist for over 20 years, in addition to being the Director/Owner of Palliative Care Strategies, Dr. Holmquist currently provides direct patient care and consultative services for the chronic non-cancer pain and hospice seams at Group Health in Seattle.

Joseph P. Valenza, MD and Gregory E. Holmquist, PT D_s serve as paid consultants for Teva-Pharmaceuticals.

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Having the right resources can help foster productive dialogue with people affected by pain and support responsible pain management. Find tools here to help grow your understanding of the evolving pain care landscape and to share with your patients.

Explore the resources below



Short videos exploring responsible opicid use, individual patient stories, and the evolving science of abuse deterrent technology.



This new yideo sheds light on how people knowingly or unknowingly or unknowingly or unknowingly or unknowingly abuse.

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This videa provides an overview of the evolving science of abuse deterrance technology.

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Watch short clips from the uporumentary to see first-hand the impact of chronic pain

Tris video from the American Chronic Pain Association discusses how to use NSAIDs safely and effectively.

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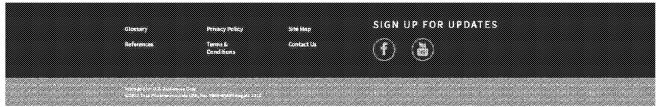


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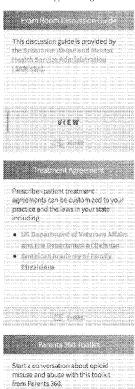
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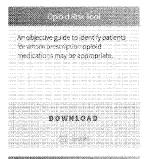


Hésources to support diálogue around responsible pain management and mitigate the risk of opioid abuse.











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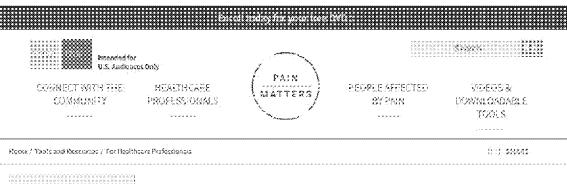
Resources outlining responsible use, storage and disposal guidelines for opioid medications.



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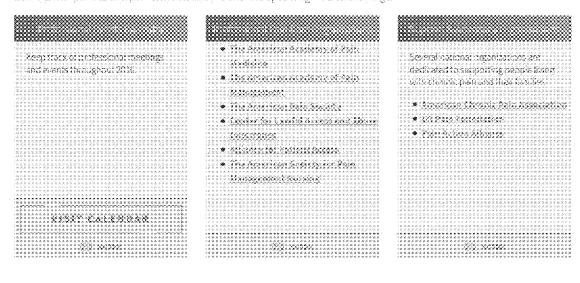
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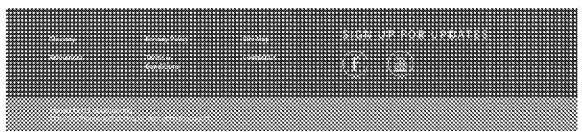


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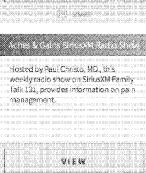
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Find FDA guidance, recent publications, and insights from pain community experts.





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Page Description (Limited to 150 characters	. Find tools and resources to help you get the
including spaces)	information you need to reduce the risk of
,	prescription medicine abuse and misuse.
Page Key Words	Pain, chronic pain, pain care, resources,
	prescription medicine abuse

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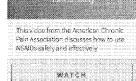
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Short videos explore responsible apioid use and real stories from people affected by chronic pain and their families.



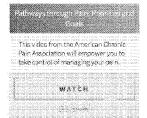
- This new video sheds light on how people knowingly or unknowingly contribute to prescription drug abuse.
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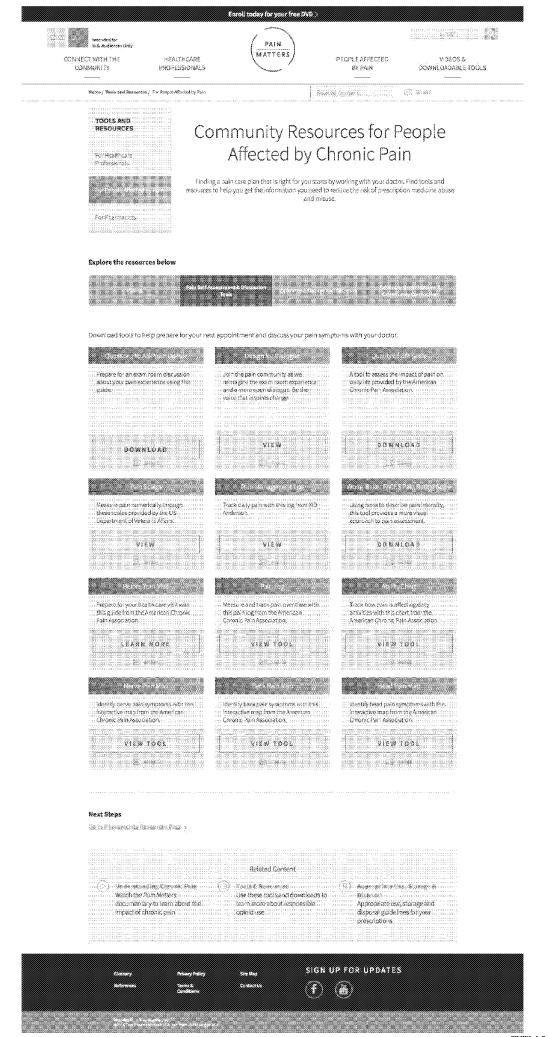


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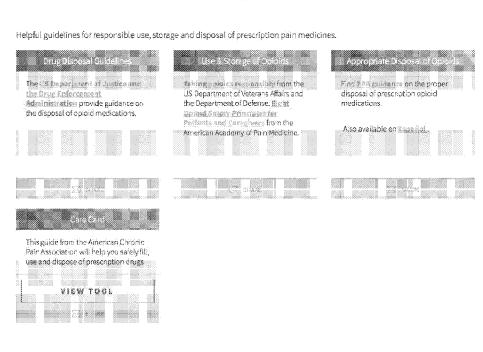


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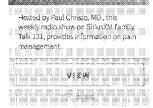
Finding a pain care plan that is right for you starts by working with your doctor. Find tools and resources to help you get the information you need to reduce the risk of prescription medicine abuse and misuse.

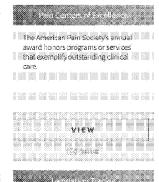
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Find support groups and community resources for people affected by pain.













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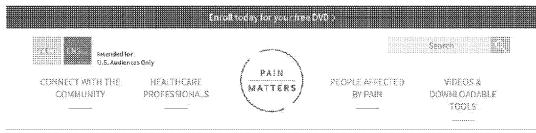






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	Pharmacists Filling Prescriptions for Chronic Pain
Page Description (Limited to 150 characters	Filling prescriptions allows you to play a vital role
including spaces)	in both effective pain management and the
	prevention of opioid abuse and misuse. Find tools
	here to help understand the appropriate use of
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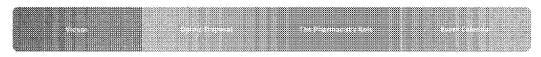


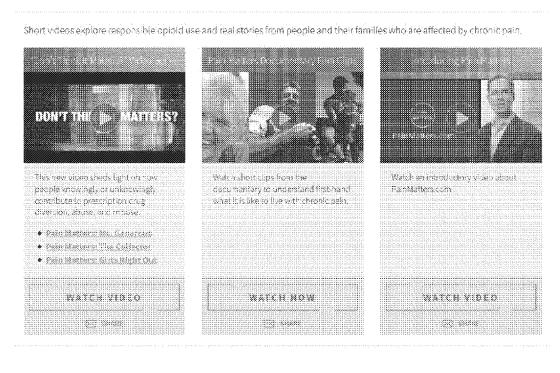


Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain

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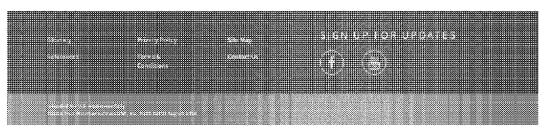
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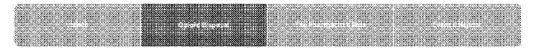




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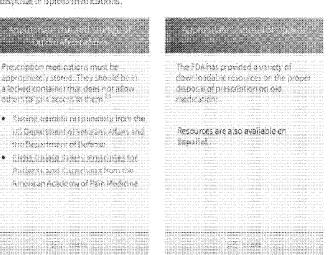
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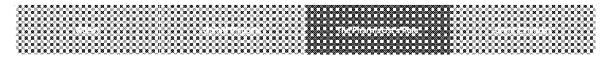
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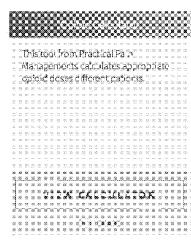
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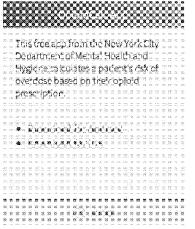
Filling prescriptions allows you to play a vital role in both effective pain management and the crevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.

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Resources to help determine the safety and appropriateness of obidid prescriptions for chronic pain in order to prevent abuse and misuse.

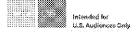




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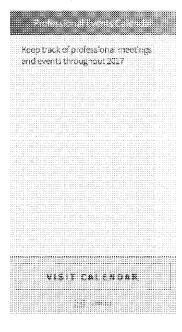
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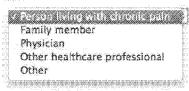
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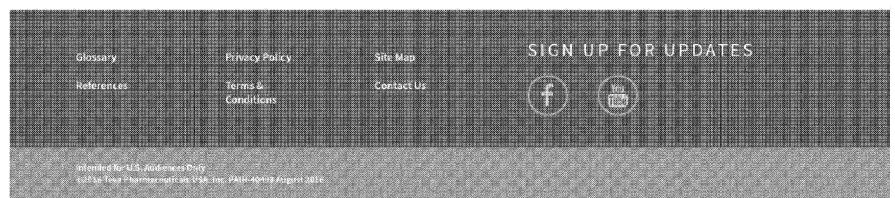
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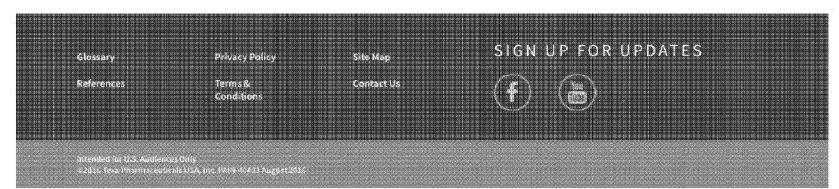
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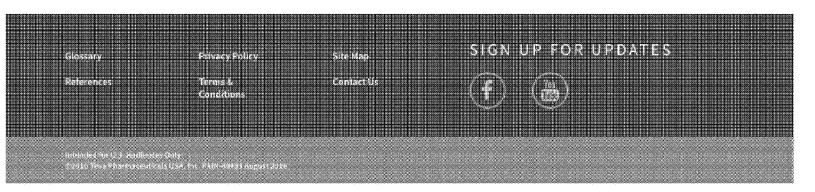
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Share Your Thoughts With Us!

As a member of the pain community, we understand that you are an expert on the complexities and challenges of living with pain. We are interested in hearing your thoughts and feedback on how we can continue to provide information and resources to support the pain community. Please provide your contact information and share your thoughts helpow.

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Are you a person living with chronic pain, family member, healthcare professional, or other?			
Person living with chronic pain			
Jama Healthcare Professional			
Yes, I'd like to receive a complimentary DVD of the <i>Pain Motters</i> documentary.			
We're interested in your feedback! What additional resources and information could Paid Matters provide?			
☐ Diagnostic resources for clinicians	Multidisciplinary treatment approaches		
Self assessment tools for people affected by pain	☐ . Abuse mitigation resources		
□. Discussion guides	☐ Information on abuse deterrence technologies		
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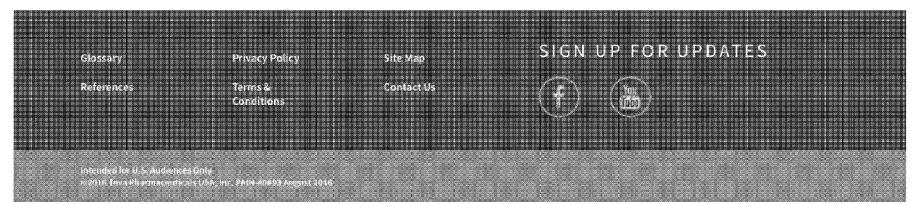
Thank You for Sharing Your Insights

You will also receive helpful information from time to time that will be delivered right to your inbox as new resources become available online.

Teva Pharmaceuticals is dedicated to providing ongoing support, information, and resources for healthcare professionals and patients living with the burden of chronic pain.

Thank you for using our website.

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Page URL	www.painmatters.com/glossary	
Page Title Tag (Limited to 65 Characters)	Pain Matters Glossary	
Page Description (Limited to 150 characters including spaces)	Pain Matters provides a list of common terms and definitions used in the pain community.	
Page Key Words	Pain, chronic pain, Pain Matters, pain community,	
	definition	



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Glossary

AAPManagement: Arrierican Academy of Pain Wanagement

AAPMed: American Acacemy of Pain Medicine

AANP: American Association of Nurse Precitioners

AAPA: American Academy of Physician Assistants

Abuse Deterrence Technology: The introduction of multi-gribaniers in a drug formulation that are designed to make abuse or product manipolation less attractive or information for the difficult.

ACPA: American Chronic Pain Association

Alcohol-Induced Dose Dumping: Acohol-Moticed dose dumping on the associated intake of alcoholic beverages' together with oral controlled retoises coicid formulations, may result in an uncontrolled and immediate drug release.

Appropriate Bispasata Prescribitor din ga may be disposated of through community apprison of state block programs. I not available, environmentally friendly disposal should be undertaken per Office of Drug Control National Policy recommendations. I

Appropriate Storage: "Good medicines hidden of locked to svoid access by family of friends. Never share opioids with others."

Appropriate Use: Take intedications only as prescribed, and middle suite you understand the risks. Gain awareness of interpropriate use and take precautions to evoid missteps. 1941

APS: Américan Páin Society

ASPMN: American Society for Pain Management Nursing

Aversions this defined by the Pood & Drug Administration as footstances can be combined to produce an unpleasant effect if the decage form is manipulated prior to ingestion or the higher design than directed is used."

Chronic Palacit Lié oblined by the incompational Association for the Study of Patinas' a pensistent poin that brook amonable, as a note, not readments passed upon specific remodies or for the courtee medicals of pain control."

BEA: Drug Enforcement Administration

 $\textbf{Diversion:} \ According to the CDC, charge observe in its when prescription mediatries are obtained or used illegalty. \\$

Dose Dumping: Dose dumping is the rapid (elgase of the entire dose of a drug in a shorter time frame than intended.)

ER Optoids: Extended release optoids

Extractability & Solubility Studies: Synatrality and solubility studies assess the case of optic correction from the wheel and manipulated product, compared with obtaction from conjugator production is sinked states as necessarily examinate solvents.

FDA: Food & Drug Administration

HCP: Haritheere Professional

th Vitro Study: Refers to a study which examines and utilizes a whole; Living organism in its natural form

to Wwo Study: Folers to a soudy winch utilizes partial organisms alieside of the living body (like in a test tube).

IR Opioids: Immediate release Coloida

Misuse: Using the prescription drug for a reason other than for which it was prescribed.

ONS: Oncology Nursing Society

Opioid Antagonist: An opicid antagonist can be added to interior with, induce, or defeat the suphoca (or, high) associated with acuses. For example, a drug risy be formulated such that the antagonist is not clinically addies when awallowed but becomes active if the production of used in its original form, such as being drushed, injected, or some.

Opioid Risk Evaluation & Mitigation Strategies: the HDA requires a Hisk Evaluation and Mitigation Strategy (% MS) oraginan. The program is diesigned to make available sailing for Feathcare professionals who prescribe opioid amalgebids on droper, prescholing placifieds. This program provides deducational materials to prescribes and patients or the appropriate use of those plan microlizations.¹⁷

PCPC: Pain Care for Primary Care

Physical & Chemical Barriers: Physical and chartest benies, con change the physical form of an until drug, making & user responsive to abuse. Physical carriers can drevent chowing, crushing, cutting, graving, or grinding and chemical barriers resist actual bit of the abisid using common solvants like water, shockel, or other origanic solvents."

Prescription thrug Abuses Prescription drug abuse is broadly defined as the interforal use of a medication without a prescription; in a way other than apprescribed; or for the operating or feeling it causes?

Prescription Brug Monitoring Programs Prescription Ong Monitoring Programs (PDMPs) are in close in several states to detect and reduce the risk of diversion and abuse of prescription druggest the risk filtered. These state programs allow for the collection and analysis of prescription data. Yet

SAMKSA: Substance Abusic and Mental Health Services Administration



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Page Key Words	Pain, chronic pain, documents, Pain Matters,	
	references	



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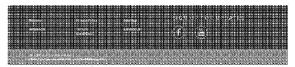
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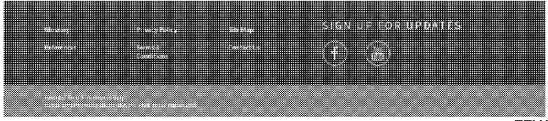
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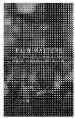
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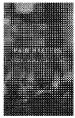


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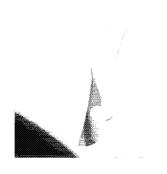
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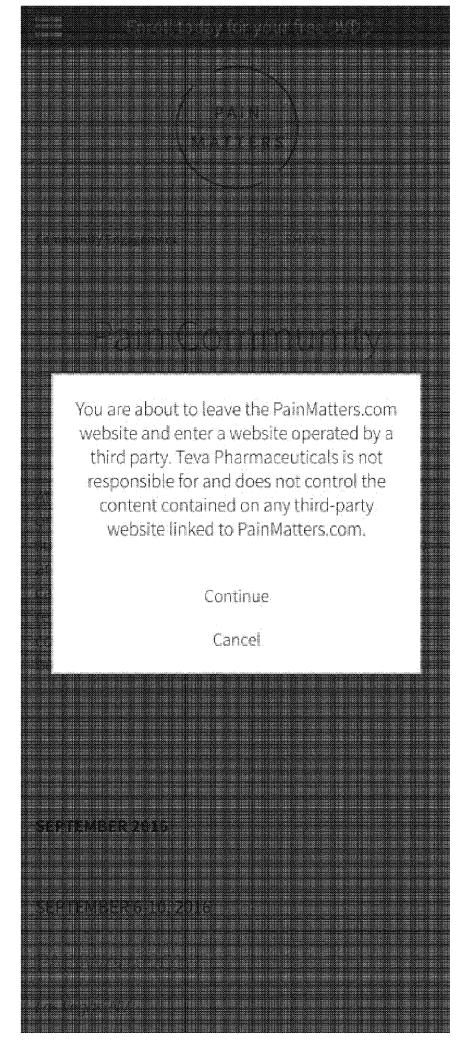




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Find chronic pain management resources to help you get the information you need to reduce the risk of prescription abuse and

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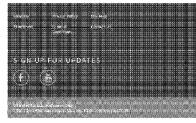
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Design for Dialogue is an initiative intended to allow the pain community to rethink the exam room experience. to allow the pain community to rethink the exam room experience and design a space to help address the ...







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Support for people and families affected by chronic pain:

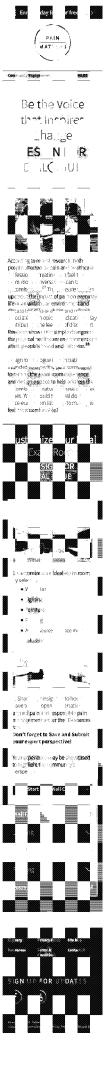
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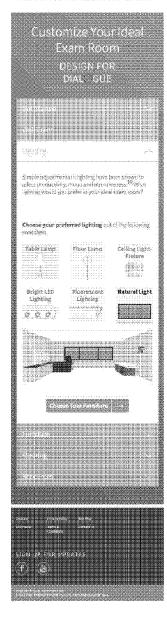


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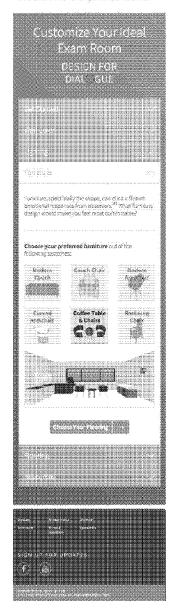


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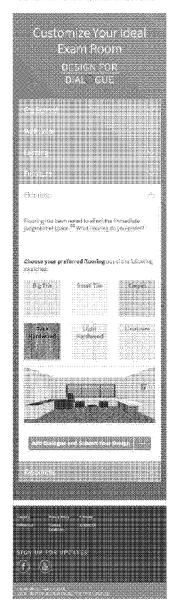


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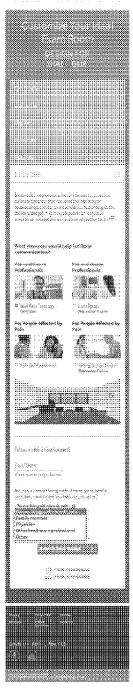


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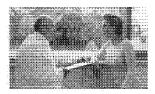
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Pain Perspectives Community Blog



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Welcome to Pain Perspectives

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By Melario Roserblatt, MO

As sameorie who has

derlicated my causer fo what I consider to be both a human and economic crisis in America, I have witnessed first hand the impact orronic pain can have on the lives of people living with pain and their families, I was pilvileged to be a part of the Pain Matters documentary film, produced by the Discovery Channel. The liftin provides real stories and inspiration through the lives of beople and families affected by pain. am pleased to be among the industry thought leaders who will provide hasights related to the evolving pen care landscape and potential Implications for people who live with chronic pain and those who care for them,

Pain Perspectives provides a platform for his pain community to continuous opinions about key incoments, including federal and state-level regulatory changes, professional medical conferences, developments. miedical conferences, deseito meins in the science of abuse determence technology to address the challenges of opportunate, and asyrocsay activities. This moisting sensional presentations will be available in multiple formatis, such as and des, Q&As, and videos. The many values of Pain Perupathies will come impather to raise averances and deep understanding of treating this often insural details of control that in a such as a such a such as a such a such as a such a such a such a such a misunderstood coridition

Welcome to the first edicion of Pain Perspectives.

- Veranie Resemblatt, MD.

Melante Rosenblatt, MD, serves as a. paid consultant for Teva. Pharmaceuticals.





Beyond the Suffering, My-Battle for Grace



One Woman's Inspiring Journey

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2015 Rx Abuse Survey Results

Physicians and People Affected by Chronic Pain Open Up About Rx Abuse

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ACCESS TOOLS & INFORMATION FOR HEASTHCARE PROFESSIONALS

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Living with Pain Perspectives

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About the Author, No. 2000 A

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> You're Not Alone: Finding Support from Others Living with Pain

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Our Commitment to Pain Care

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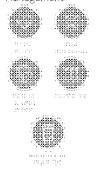


Α Multidisciplinary Approach to Managing Chronic Pain

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The Role of Opioids in Chronic Pain Management

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Understanding Opioid Abuse & Misuse

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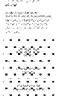
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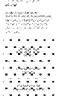
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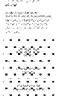
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Understanding Abuse Deterrence Technology



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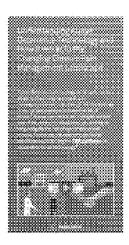
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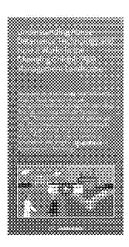
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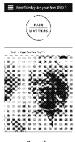
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Understanding Chronic Pain



Chronic and Acute Pain

Pain is a serious medical condition that can impact anyone at any time. Pain that lasts only for a short period of time is called acute pain; it's a normal feeling that typically alerts us to a possible injury. Chronic pain is very different. Chronic pain is often defined as any pain that lasts for 12 weeks or longer. According to the Institute of Medicine, chronic pain is estimated to affect approximately 100 million American adults.

Chronic pain may be caused by an initial injury or there may be an ongoing cause, like a medical illness. But for some people, there may also be no clear cause. Other health problems, such as fatigue, sleep disturbance, decreased appetite, and mood changes, often accompany chronic pain. Chronic pain may affect people's ability to participate in daily-tasks. A

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Finding the Right Chronic Pain Care Plan for You



Working with Your Decter

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Prescription Objoid Medicines

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What should I know about abuse and misuse?

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Using Prescription Opiold Medicines Appropriately

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Healthcare Professionals

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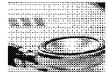




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Tools & Resources for Healthcare Professionals

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About the Presenter

Jeffrey A. Gudin, MG, is Director of Pain Management and Palifative Care at

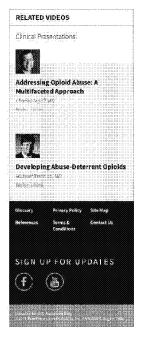
Englewood Hospital and Medical Center in Englewood, N.J., and Clinical Instructor of Anestnesiology at the Icahn School of Medicine at Mount Sinai. Dr. Cudin received his medical degree from Albany Medical College in New York. He completed a residency as chief in anesthesiology at Yate University. School of Medicine in New Haven, Ct. He continued his training with an estimated postdoctoral fellowship in pain medicine at the Yale Centerfor Pain Manegement, where he was actively involved in research and teaching.

Jeffrey A. Gudin, MD. serves as a baid consultant for Teva Phármaceuticais.

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Addressing Opioid Abuse: A Multifaceted Approach



🔂 - Shape Video



About the Presenter: Charles E. Argoff, MD

Charles E. Argoff, MD, is Professor of Neurology at Albany Medical College and Director of the

Comprehensive Pain Center at Albany Medical Center in New York. Dr. Argoff is a member of the American Academy of Neurology, the International Association for the Study of Pain, the American Academy of Pain Medicine, and the American Pain Society, among other professional organizations. He is the President of the American Academy of Pain Medicine, Foundation Board.

Charles E. Argoff, MD, serves as a paid consultant for Teva Pharmaceuticals.

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Abuse-Deterrent
Opioids



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About the Presenter: Michael J. Brennan, MD

Michael J., Brennan, MD, is Senior Attending Physician at Bridgeport Hospital and

Assistant Clinical Attending Physician as St. Vincent's Hospital in Bridgeport, CT. In addition, has a private practice in physical medicine and rehabilitation that specializes in the diagnosis and management of acute and chronic palo syndromes, electrodiagnosis; and cancer-related disabilities.

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Putting Patients First Video Presentation



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About the Presenter: Charles E. Argoff, MD

Charles E. Argoff, MD, is Professor of Neurology at Albany Medical College and Director of the

Comprehensive Pain Center at Albany Medical Center in New York, Dr. Argolf is a member of the American Academy of Neurology, the international Association for the Study of Pain, the American Academy of Pain Medicine; and the American Pain Society, among other professional organizations. He is the President of the American Academy of Pain Medicine Foundation Beard.



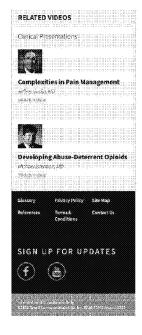
About the Presenter: Michael J. Brennen, MD

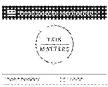
Michael J. Brennan, MD, is Senior Attending Physician at Bridgeport Hospital and Assistant Clinical Attending Physician

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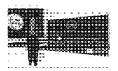
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Understanding Abuse-Deterrent Optoid Technology Clinical Presentation



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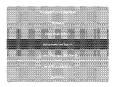
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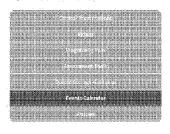




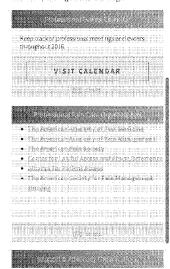
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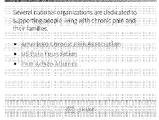
Professionals

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Connect with professional pain care associations and find upcoming medical meetings.



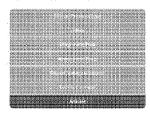




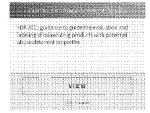


Having the right resources can help foster productive dialogue with people affected by path and support responsible pain atmagetineti. First fools belief to help grow your understanding of the existing pain care tandscape and to share with your patients.

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Find FOA guidance, recent publications, and inslets from pain community exports.



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Community Resources I for People Affected by Chronic Pain

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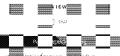
Explore the resources below



Find support groups and dommently resources for people affected by John.



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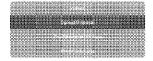




Tools and Guidelines for Pharmacists Filling Prescriptions for Chronic Pain

Filling prescriptions allows you to play a vital role in both effective gain management and the prevention of opioid abuse and rosuse. Find tools here to help-understand the apopopriate use of opioids and advocate for their properuse and disposal.

Explore the resources below



Resources offering tips on the safe storage and disposal of objetd medications.



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Filling prescriptions allows you to play a vital role in both effective pain management and, the prevention of opioid abuse and misuse. Find tools here to help understand the appropriate use of opioids and advocate for their proper use and disposal.

Explore the resources below



Resources to help determine the safety and appropriateness of opioid prescriptions for chronic pain in order to prevent abuse and misuse.



This free app from the New York City Department of Mental Health and Hygierre calculates a patient's risk of overdose based on their opioid prescription.







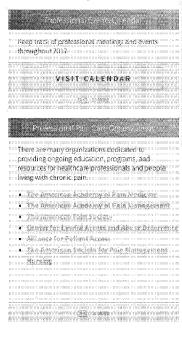
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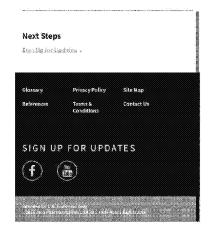
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Connect with professional pain management organizations and find upcoming medical and pharmaceutical meetings...







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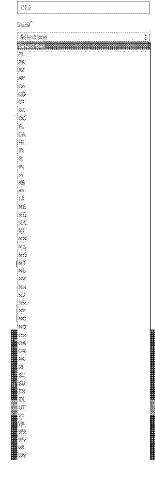
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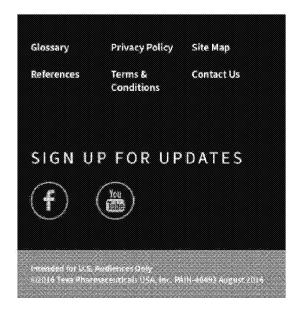
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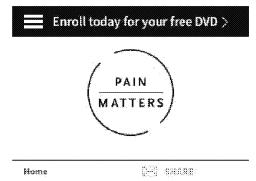
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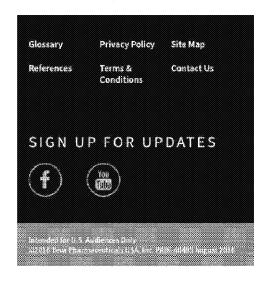
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You should expect to receive your copy of the *Pain Matters* documentary in the mail. You will also receive helpful information from time to time that will be delivered right in your inbox as new resources become available online.

Teva Pharmaceuticals is dedicated to providing origoing support, information, and resources for healthcare professionals and people living with the burden of pain.

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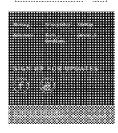
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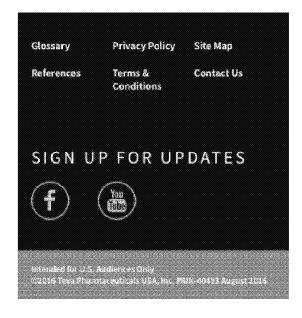
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Video Tags

Title: Pain Matters Documentary

Description: The Discovery Channel Documentary, *Pain Matters*, explores the realities of chronic pain through the eyes of individuals who live with it and their loved ones, as well as perspectives from leading national experts in pain management.

Tags: Pain Matters, chronic pain, pain management, living with pain, Discovery Channel,

responsible pain management

Title: Pain Matters: Ms. Generous

Description: The "Don't Think It Matters?" video series sheds light on how people knowingly or

unknowingly contribute to prescription drug diversion, abuse, and misuse.

Tags: Pain Matters, pain management, pain medication, responsible pain management,

medication storage, medication disposal

Title: Pain Matters: The Collector

Description: The "Don't Think It Matters?" video series sheds light on how people knowingly or

unknowingly contribute to prescription drug diversion, abuse, and misuse.

Tags: Pain Matters, pain management, pain medication, responsible pain management,

medication storage, medication disposal

Title: Pain Matters: Girls Night Out

Description: The "Don't Think it Matters?" video series sheds light on how people knowingly or

unknowingly contribute to prescription drug diversion, abuse, and misuse.

Tags: Pain Matters, pain management, pain medication, responsible pain management,

medication storage, medication disposal

Title: Pain Matters Documentary Film Clips

Description: Watch short clips from The Discovery Channel documentary, *Pain Matters*, to

understand first-hand what it is like to live with chronic pain.

Tags: Pain Matters, chronic pain, pain management, living with pain, Discovery Channel,

responsible pain management

Title: Introducing Pain Matters

Description: Watch an introductory video about PainMatters.com, a website developed by Teva Pharmaceuticals to offer practical information and resources for healthcare professionals and people affected by chronic pain as they navigate the evolving and complex pain care landscape.

Tags: Pain Matters, Teva, health care professionals, chronic pain, affected by chronic pain, pain perspectives, living with pain, pain care

Title: Abuse Deterrence Technology Video

Description: This video provides an overview of the evolving science of abuse deterrence technology. Tags: Pain Matters, Abuse Deterrence Technology, chronic pain management, chronic pain, opioid abuse, opioid misuse, FDA Guidance

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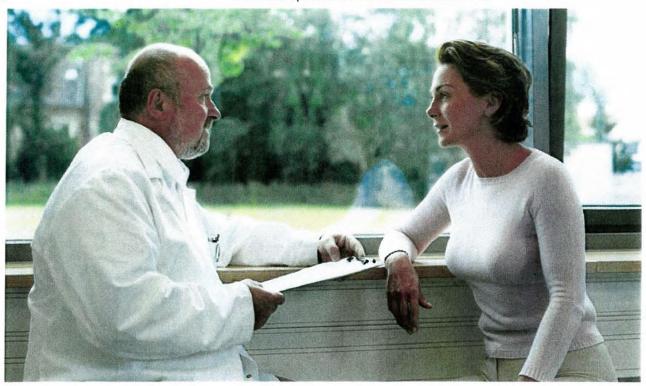


Access Downloadable Tools, Resources & Information

BE THE VOICE THAT INSPIRES CHANGE







Join Pain Matters and the pain community as we reimagine the exam room experience to foster a more open dialogue between healthcare professionals and people affected by pain.

Learn More

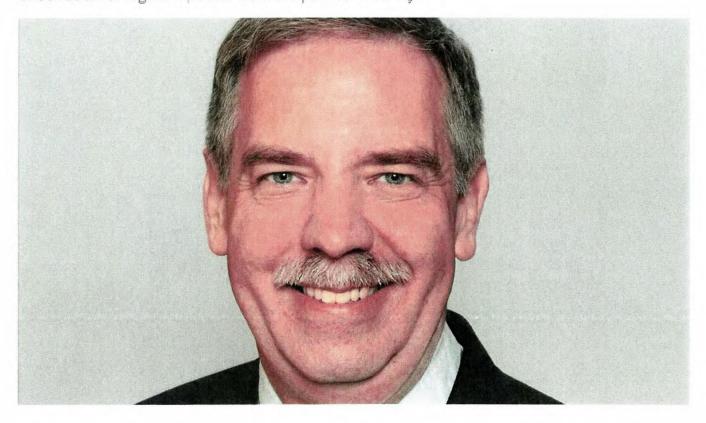


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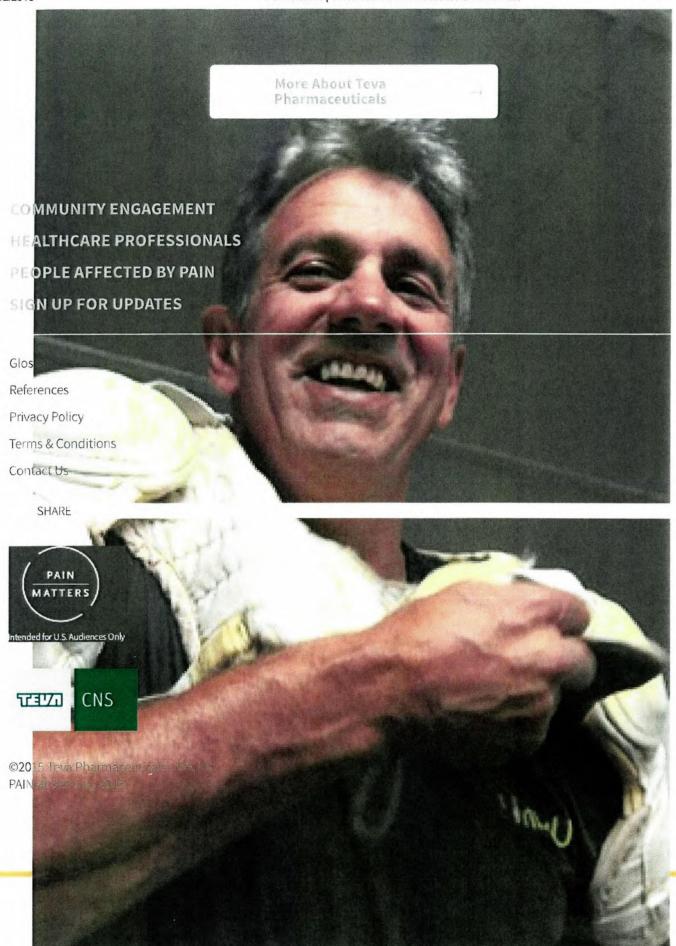
PAIN PERSPECTIVES

Hear from the Community

New Survey Results Address Rx Abuse, presented by Bob Twillman, PhD Check back for regular updates from the pain community.



"Chronic pain continues to be a serious issue for millions of Americans, and Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals."



https://web.archive.org/web/20151011111918/http://painmatters.com:80/



Watch Film



Produced by the Discovery Channel, the film chronicles the lives of people living with pain.

View Stories



Short video stories from people and families affected by chronic pain.

Financial support, clinical input, and other expertise for the Pain Matters film were provided by Teva Pharmoceuticals.

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PAIN MATTERS





Teva Pharmaceuticals and Pain Management

At Teva Pharmaceuticals, we understand that chronic pain affects more than 100 million Americans. It can greatly affect people touching many aspects of their lives, including their physical health and ability to participate in daily tasks. 1







Our Commitment to Pain Care

Teva is committed to supporting responsible pain management that meets the needs of people living with pain and healthcare professionals treating pain. With a diverse portfolio and pipeline, we are working to help advance treatments in pain management. Prescription opioid medications are an important part of a treatment plan for many people living with chronic pain, but we know that they carry a serious risk of abuse and misuse. Teva is equally committed to addressing the serious problems of chronic pain and prescription drug abuse.

As part of our ongoing commitment to support healthcare professionals and patients dealing with chronic pain, we are developing an innovative **abuse deterrence technology** platform to address the challenges of opioid abuse and misuse.

To learn more about Teva and our commitment, visit us online at **TevaUSA.com**

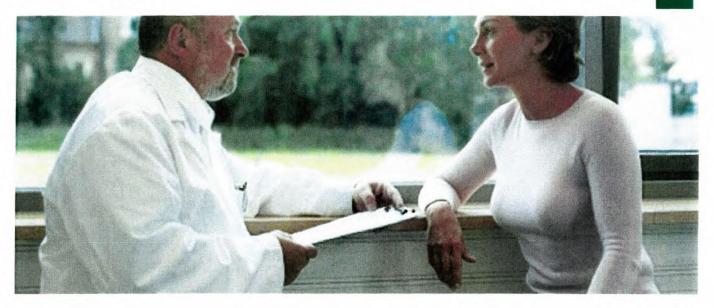
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Community Collaboration

As a company, Teva takes this commitment beyond its products, leading education and abuse-mitigation efforts. We're also working to develop educational resources and partner with a variety of stakeholders. In this complex pain care environment, Teva is focused on keeping patient needs at the center of all we do.

View Calendar

The Alliance to Prevent the Abuse of Medicines

In 2013, Teva became one of several leading industry stakeholders including the **American Medical Association**, **CVS Caremark**, **Cardinal Health**, the **Healthcare Distribution Management Association**, **Prime Therapeutics**, **Millennium Health**, and **Kaleo** dedicated to developing policy solutions aimed to address prescription drug abuse. This non-profit partnership includes perspectives from all angles of the prescription drug supply chain—from manufacturers to distributors and pharmacies to physicians.

Learn More

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Understanding Chronic Pain

Watch the Pain Matters documentary to learn about the impact of chronic pain



Tools & Resources

Use these tools and downloads to learn more about responsible opioid use



Opioid Abuse Deterrence Technology Guidance

Recent FDA guidance on evolving opioid abuse deterrence technology

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New Rx Abuse Survey Results

Physicians and People Affected by Chronic Pain Open Up About Rx Abuse

Prescription drug abuse is a serious public health problem that is having a significant impact on our society and more directly, on the relationships between people affected by pain and their physicians. New survey results shed light on the challenges that exist in this evolving pain care landscape. How do clinicians and people with pain balance the need to talk about the impact of pain on everyday life and the risks of abuse and misuse associated with prescription opioid medications? These survey results reveal that both clinicians and people affected by chronic pain recognize their important role in helping to reduce the risk of abuse, but feel that discussing the topic can be uncomfortable. Clinicians and people with chronic pain agree that information and practical resources that help address this complex problem are greatly needed. Dig deeper into the perspectives of clinicians and people affected by pain through the survey-results infographic below.

View Survey-Results Infographic

Clinicians and people affected by pain open up about Rx abuse



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addition to a resource section specifically designed to support people affected by pain.

Access Tools & Information for Healthcare Professionals

Find Resources & Support for People Affected by Chronic Pain

About the Survey

A new survey conducted on behalf of Teva in partnership with the U.S. Pain Foundation and the American Academy of Pain Management explores issues impacting the pain care landscape. The survey included 1,100 prescribing healthcare professionals and 1,044 adults with chronic pain taking medications to manage their pain. The survey was conducted from January 21 to February 10, 2015.



About the Author: Bob Twillman, PhD

Bob Twillman, Ph.D., is the Executive Director for the American Academy of Pain Management. In that capacity, Dr. Twillman is responsible for overseeing federal and state pain policy developments and advocating for those supporting an integrative

approach to managing pain. He also serves as Chair of the Prescription Monitoring Program Advisory Committee for the Kansas Board of Pharmacy. Dr. Twillman received his Ph.D. in Clinical Psychology at the University of California in Los Angeles, and maintains a volunteer faculty appointment as Clinical Associate Professor of Psychiatry and Behavioral Sciences at the University of Kansas School of Medicine in Kansas City, KS. Prior to taking his current position, Dr. Twillman was a full-time faculty member at the University of Kansas Medical Center, where he founded and directed the inpatient pain management program and was a co-founder of the hospital's Palliative Care Team. He has been actively involved in pain policy through his work with the Alliance of State Pain Initiatives and the American Pain Society for many years.

Teva Pharmaceuticals reviewed and edited this post prior to publication.

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Find support for navigating the complex and evolving pain care landscape.



Pain Matters Documentary

Discover the impact of chronic pain through the lives of people with pain and their loved ones.



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Learn how Teva is supporting responsible pain management.

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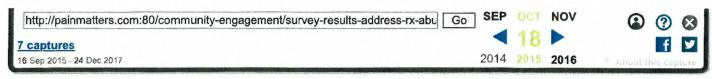
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Opioid Abuse Mitigation Programs & Policies

The Role of Government in Mitigating Opioid Abuse

Due to the complex issues surrounding opioid abuse and misuse, various national and state programs, policies, and laws have been put in place to help mitigate opioid abuse and misuse.

Prescription Drug Monitoring Programs (PDMPs)

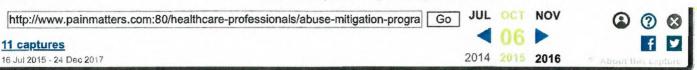
Controlled Substance Scheduling

Risk Evaluation and Mitigation Strategy (REMS)

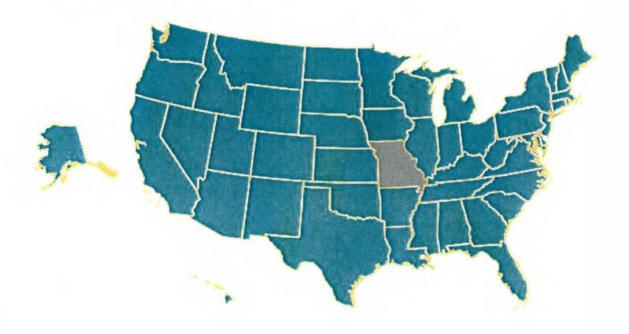
Prescription Drug Monitoring Programs (PDMPs)

PDMPs are in place in 49 states to help detect and reduce the risk of diversion and abuse of prescription drugs at the practice and retail levels. These state programs allow for the collection and analysis of prescription data. Proactive reporting through the use of PDMPs can help 18:

 Alert prescribers and pharmacists to potential prescription opioid abuse or diversion among their patients



 Provide an opportunity to intervene and refer patients for substance use disorder treatment when appropriate



Schedules of Controlled Substances19

The DEA plays an important role in mitigating abuse and diversion of opioids. This federal agency enforces the controlled substance laws and regulations in the US, including the scheduling of controlled substances, such as opioids. ¹⁹ Controlled substances are classified into five categories, or schedules, according to the accepted medical use and the potential for abuse. ¹⁹ Schedule I drugs are considered the most dangerous, while Schedule V drugs are seen to have the least risk for abuse. ¹⁹ Prescription opioid medications generally fall under Schedules II and III. ¹⁹

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In addition to classifying potentially dangerous substances by schedule, the DFA's Office of Diversion Control requires physicians who intend to prescribe scheduled (controlled) medications to register in the state where they obtained a valid medical license. The goal of this initiative is to detect and investigate diversion of controlled substances from legitimate sources while ensuring an adequate and uninterrupted supply for legitimate medical, commercial, and scientific needs. 20

Risk Evaluation and Mitigation Strategies (REMS)

REMS are requirements set by the **Food and Drug Administration (FDA)** for pharmaceutical manufacturers to help ensure that the benefits outweigh the risks for certain drugs. ¹⁶ There are several components of REMS that can be used by the pharmaceutical industry, including one or more of the following ¹⁶:

Medication Guides or Patient Package Inserts

• FDA-approved instructions for appropriate use and instructions for patients focused on avoiding serious adverse events

Communication Plans

 A comprehensive plan for providing healthcare professionals with education, information, and increased awareness of risks associated with a drug

Elements To Assure Safe Use

 Some products are required to have additional actions that healthcare professionals need to execute prior to prescribing or dispensing the drug to the patient, known as Elements To Assure Safe Use (ETASU)

Implementation Systems

 When ETASU are required as part of a REMS program, the FDA may also require pharmaceutical companies to create a plan to ensure prescribers are complying with ETASU http://www.painmatters.com:80/healthcare-professionals/abuse-mitigation-progra Go JUL OCI NOV

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Assessment results may be used to modify the REMS, or even eliminate it, if the assessment shows changes are needed or that the REMS have met its goals

Next Steps

Go to Opioid Advancements in Abuse Deterrence >



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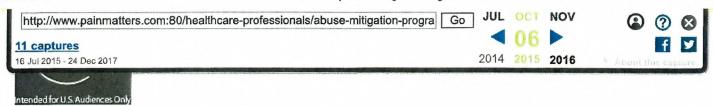
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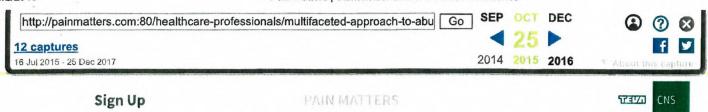
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A Multifaceted Approach to Opioid Abuse Deterrence

Key Stakeholders Are Making Strides to Mitigate Risk

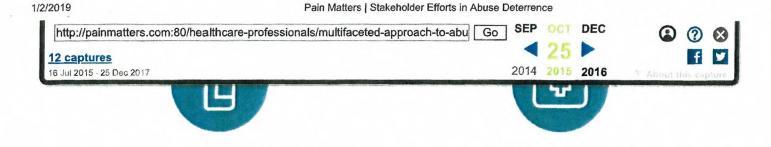
As part of the pain care community, we understand that we all have an active role to play to help advance responsible pain management and abuse deterrence. ¹³ In a recent statement on prescription opioid abuse, the FDA underscored the need to work together to invest in strategies and responsible approaches that deter or mitigate abuse while preserving access to pain medications for the patients that need them most. ¹³



HEALTHCARE PROFESSIONALS



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ADVOCACY ORCANIZATIONS



Healthcare Professional Training and Education

The FDA has identified three key ways prescribers can help curtail the US opioid epidemic 13:

- Ensuring that they have adequate training in opioid therapy
- Knowing the content of the most current opioid drug labels
- Educating patients about the appropriate use of opioids, their potential risks, and proper disposal techniques



Understanding Appropriate Use of Pain Medications

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understanding and following appropriate use, storage, and disposal instructions could help reduce the risk of abuse and diversion. The American Academy of Family Physicians has provided **general guidance and helpful tools** on the appropriate use, storage, and disposal of opioid medications.¹⁵

Resources are available to help educate around the appropriate use, storage, and disposal of prescription opioid medications.



Policies and Programs Provide Guidance

There are many government **policies and programs** in place to help address the opioid abuse public health issue. Laws and policies of today must simultaneously prevent abuse, addiction, and diversion while allowing and supporting the legal use of prescription drugs by those who need them ⁴



Advocacy Organizations Offer Ongoing Support

Public education programs engage local healthcare professionals and antidrug coalitions to promote and distribute public education materials supporting the appropriate use and storage of prescription pain medications and understanding of the associated risks of abuse and misuse.³

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Pharmaceutical Industry Drives Evolving Technology

The FDA also encourages the ongoing study of **abuse deterrence technologies** for prescription opioid medications. Currently, the concept of abuse deterrence is viewed as the introduction of some limits or impediments to abuse, as opposed to the outright elimination of abuse.⁵

At Teva Pharmaceuticals, we take our responsibility to help mitigate the risks of abuse seriously. In 2013, we partnered with five leading industry organizations across the prescription drug supply chain to form the **Alliance to Prevent the Abuse of Medicines**. We are dedicated to raising awareness of the risks of opioid drug abuse.

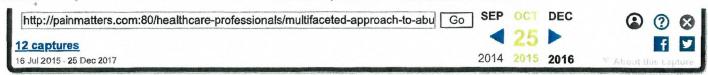
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Understanding Opioid Abuse & Misuse

More than 12 million people reported using prescription pain medications non-medically in 2010. That number encompasses both abuse and misuse. The abuse and misuse of prescription pain medications were responsible for more than 475,000 emergency department visits in 2009, a number that nearly doubled in just five years. Further, opioid overdoses in particular are increasingly due to the abuse of prescription painkillers.

Opioid Abuse

Abuse is a nonmedical use of a drug, repeatedly, or even sporadically, for the positive psychoactive effects it produces.¹¹ The most common form of opioid abuse is swallowing a number of intact pills or tablets to achieve a feeling of euphoria.⁵ While this is the most widespread form of abuse, opioid analgesics can be abused in a number of ways⁵:

- Swallowed whole
- · Crushed and swallowed
- · Crushed and snorted
- · Crushed and smoked
- · Crushed, dissolved, and injected

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Alcohol-induced dose dumping, or the associated intake of alcoholic beverages together with oral controlled-release opioid formulations, is another form of abuse that may result in an uncontrolled and immediate drug release.¹²

Opioid Misuse

Misuse is using the prescription drug for a reason other than for which it was prescribed.¹¹ The key differentiator being the drug is not being used for an intentional high, so it is labeled misuse rather than abuse. Misuse can also take many forms, for example¹¹:

- Using a drug for a different condition than that for which the drug is prescribed
- Taking more drug than prescribed or at different dosing intervals
- Using a drug not prescribed for them for other therapeutic purposes

Next Steps

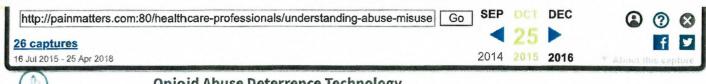
Go to Stakeholder Efforts in Opioid Abuse Deterrence >

Related Content



Understanding Chronic Pain

Watch the Pain Matters documentary to learn about the impact of chronic pain





Opioid Abuse Deterrence Technology

Advances in technology address the challenges of opioid abuse

COMMUNITY ENGAGEMENT HEALTHCARE PROFESSIONALS PEOPLE AFFECTED BY PAIN SIGN UP FOR UPDATES

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http://painmatters.com:80/healthcare-professionals/multidisciplinary-approach-tocaptures 16 Jul 2015 - 24 Dec 2017 2016

Healthcare Professionals

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A Multidisciplinary Approach to Managing Chronic Pain

While there are a variety of options available to treat chronic pain, it usually cannot be cured, only managed. There isn't one right way to treat pain. 6

Approaches to Pain Management 6,7



PHYSICAL THERAPY



COGNITIVE BEHAVIOR THERAPY



SPINAL MANIPULATION



ACUPUNCTURE



The pain experience is individual. Chronic pain is defined by the International Association for the Study of Pain as "a persistent pain that is not amenable, as a rule, to treatments based upon specific remedies or to the routine methods of pain control." It's a serious medical condition that may greatly affect people leaving them unable to work, maintain relationships, or participate in daily tasks. ¹

Chronic pain can affect anyone. The Institute of Medicine estimated that 100 million American adults are impacted by chronic pain, which includes people who reported having "severe pain, moderate pain, joint pain, arthritis, or functional limitation."

The Role of Opioids in Chronic Pain Management

Prescription pain medications, such as opioids, may be an appropriate treatment option for people whose chronic pain is not adequately managed by other methods.² Opioids are an important option for the treatment of certain types of chronic pain.⁹

Next Steps

Go to Understanding Opioid Abuse >

Related Content



Tools & Resources

Use these tools and downloads to learn more about responsible opioid use



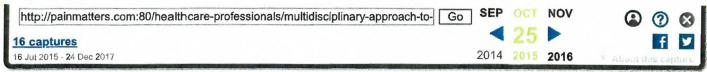
Understanding Opioid Abuse

Statistics and insights into opioid abuse and misuse



Opioid Abuse Deterrence Technology

Advances in technology address the challenges of opioid abuse



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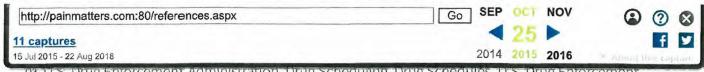
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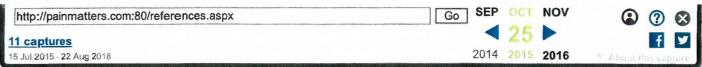
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Incremental Performance Detail Q4 2015

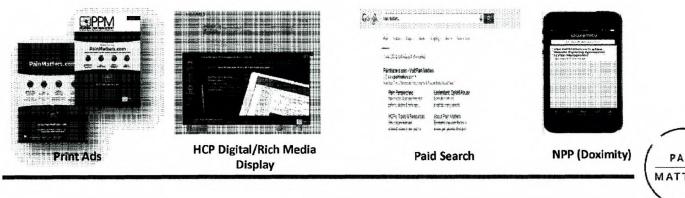


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Media/NPP Q4 Incremental & Tactics Overview

- Total 2015 budget \$998,750
 - PO# 42190546 \$483,750; PO# 42206449 \$515,000
- Q4 Incremental: \$265K
- Incremental investment allocation started 11/16/2015
 - Media Channels Breakdown
 - Print: \$50K
 - · Paid Search: \$95K
 - HCP/Digital Promotion: \$120K
 - NPP: An additional Doximity Doc News Alert was deployed at no additional cost December 2015.
 Performance results for that alert will be available in the first week of February 2016

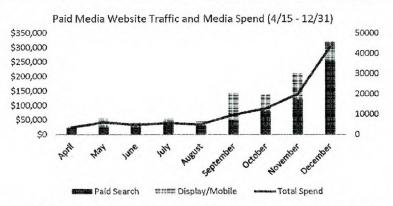


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Pain Matters Website – Media Spend and Traffic



- Display/mobile and paid search drove a total of 63,050 visitors to the Pain Matters website from 11/16 to 12/31, a total share of 95% of all traffic driven to the website during the same period
 - Overall, traffic driven to the Pain Matters website by paid media tactics in Q4 (10/1
 12/31) increased by 84% compared to Q2 + Q3 (4/15 9/30)
 - Traffic from the paid search campaign increased by 137% in Q4 and display/mobile traffic by 25%, together accounting for a 84% increase in paid media traffic vs. Q2 + Q3
- Overall, website visits driven by the paid media campaign accounted for 84% of all traffic to the Pain Matters website
- The campaign's average CPC was \$6.29 for display/mobile partners. CPC increased slightly in December compared to the previous months partly due to decreases in traffic driven by our mobile partners, which had one of the lowest average CPCs of the campaign, and increases in traffic driven by partners with higher CPCs, such as Specific Media and Adprime, which in turn drove a more engaged and qualified traffic to the website
 - Adprime and Specific Media (rich media unit) received 40% of the Q4 incremental

- Traffic driven by display/mobile decreased in October and December compared to September and November partly due to lack of activity in mobile geo-targeting during those months
 - Mobile conference geo-targeting was a large contributor to website traffic throughout the 2015 paid media campaign, with traffic spikes occurring during Pain conferences in September and November

	Website Visits Q2	Website Visits Q3	Website Visits Q4	Website Visits driven by Paid Media as a % of Total Visits (4/15 - 12/31)	%Increase in Q4 Visits vs. Q2 + Q3
Display/Mobile	7,165	17,543	30,997	32%	25%
Paid Search	10,456	17,022	64,993	53%	137%
Total Visits	17,621	34,565	95,990	34%	34%

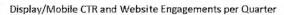
Display/Mobile CTR and CPC (4/15 - 12/31)

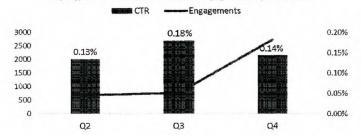
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Q4 Display/Mobile Engagement Performance





- Although overall display/mobile CTR decreased by 22% from Q3 to Q4, key website engagements* driven by display and mobile partners increased by 88% compared to Q2 + Q3 (4/15 - 9/30)
- Q4 incremental spend in display/mobile drove a total of 2,729 key website engagements on the Pain Matters website
 - Overall, 19% of all traffic to key website pages within the site was driven by display/mobile

		Key Website Engagements Q3	Key Website Engagements Q4	
Display/Mobile	679	775	2,729	4,183
Overall Site Engagements	3,757	5,691	12,929	22,377

*Key website engagements are visits the Pain Matters website where HCPs visits any page with ADT content, watches the ADT video, or downloads the "Evolving Roles, Same Goals" presentation

Display/Mobile On-Site Average Engagement (4/15 - 12/31)

Medium	Time Period	Visits	Avg. Bounce Rate	Avg. Pages/Session	Avg Time on Site
	0211	7,165	70.76%	2.00	01:27
Display/Mobile		17,543 30,997	71.30% 71.86%	1.78 1.70	01:30 01:02
Total		55,705	71.31%	1.83	01:20

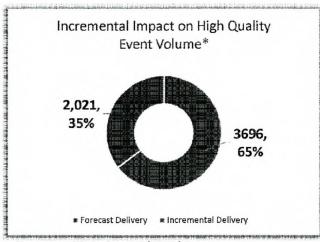
- Engagement metrics for display/mobile performed slightly below overall site averages in Q4
 - Q4 overall site average bounce rate was 69%; average pages per session 1.96; and, average time spent on site was 01:25 minutes
- This decrease was partly due to a lower percentage of new users driven to the website during the same period
 - The percentage of new users driven to the Pain Matters website decreased 11% in Q4 compared to Q2, when 84% of traffic driven to the website was composed of new visitors (79% of the traffic in Q2 was driven by new visitors)
 - Users returning to the site were less likely to interact with the same content with which they had previously

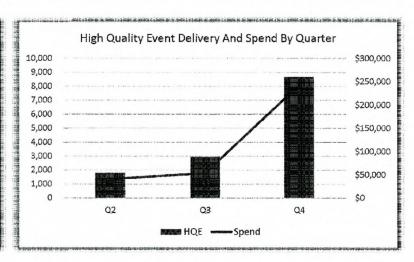


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Paid Search Engagement Performance







*Incremental flight dates: 11/15-12/31.

- Incremental spend delivered an additional 2,021 HQEs on top of the 3,696 HQEs forecast for 11/15-12/31.
 - CPC did increase as spend increased, however CTR was positively impacted.
 - General keywords such as "Pain Management", and "Chronic Pain" benefited the most from additional budget, driving increased clicks while also increasing CTR.
 - Incremental spend also resulted in additional Sitelink conversions; Sitelinks served more often due to improved ad position.



Note: High Quality Event (HQE): Advancements in Abuse page, Prescription Opioid Medicines page, Approach To Abuse Page, Understanding ADT page.

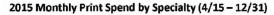
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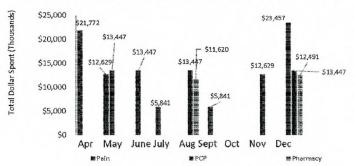
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Pain Matters Print

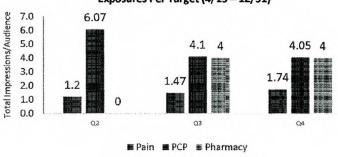


Campaign Total Spend: \$160,018





Exposures Per Target (4/15 - 12/31)



- · 1 additional print insertion was added to the 2015 Pain Matters campaign in Pain Medicine News, Pharmacy Times, Practical Pain Management, and American Family Physician in December as part of the Q4 incremental plan
- For the Pain publications, we ran 2 insertions in Q2, 2 insertions in Q3, and 3 insertions in Q4 resulting in a gradual increase in exposures of Pain specialists. For the PCP targeting, we ran 2 insertions in Q2, 1 insertion in Q3, and 1 in Q4, which explains why there was a decrease in PCP exposures between Q2 and Q3 and a stable amount of exposures between Q3 and Q4. For the Pharmacists, we ran 2 insertions, 1 in Q3 and 1 in Q4 resulting in a leveled amount of exposures in each quarter.



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